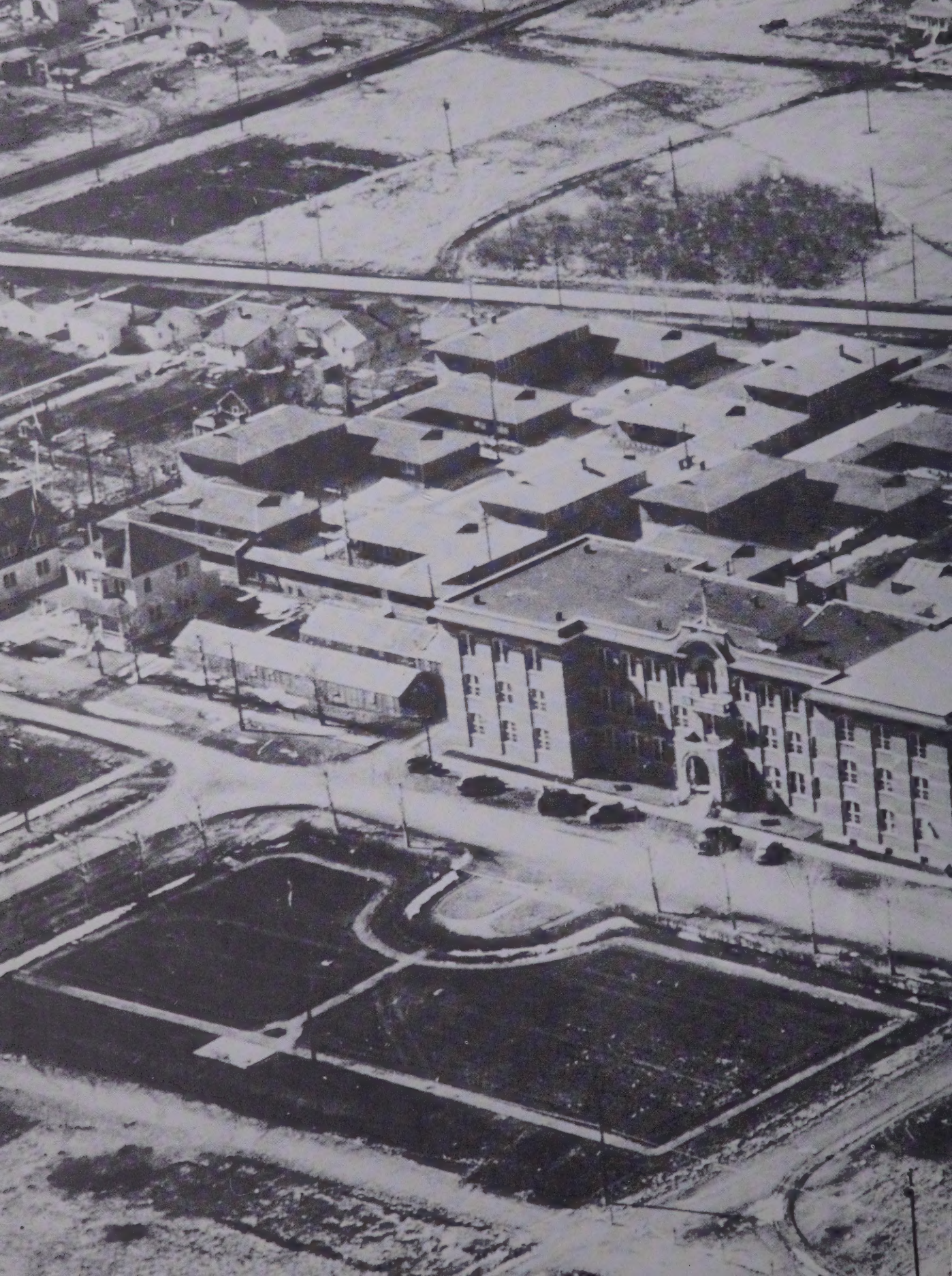




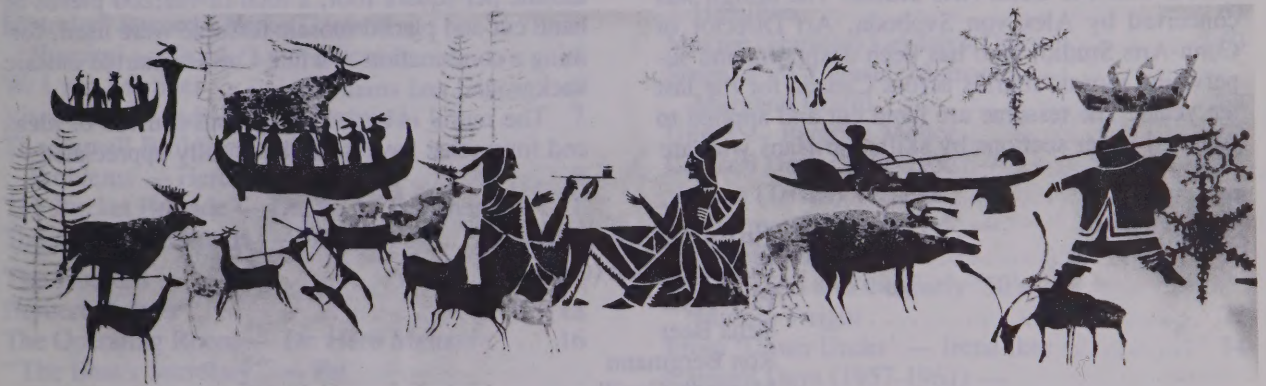
THE CAMSELL MOSAIC







THE CAMSELL MOSAIC



*Thanks to the Connolly family
for kindness at the time of our
son's Barry death. April 2-1985*

Sincerely Larry-Helen Bradley

**The Charles Camsell Hospital
1945-1985**

Cover Design

Taken from a photograph of the mural by Alex von Svoboda which is located in the foyer of the hospital. In the Spring 1968 Camsell Arrow and Pictorial, Mr. Svoboda said of his mosaic panorama:

From antiquity to the present time smalti mosaic tesserae have been a symbol of beauty and permanence. The use of mosaic for over sixty centuries demonstrates its durability to wear and resistance to climatic influences as well as its pleasing aesthetic value.

The mosaic mural is completely executed from start to finish at Conn-Arts Studio. The design was conceived by Alex von Svoboda, Art Director of Conn-Arts Studio, who has been designing and supervising mosaic murals across Canada for the last ten years. The tesserae are hand cut and applied to gummed paper sections by skilled artisans who are

trained for six years in the art of mosaics. The paper is then washed off at the installation site revealing the face of the mosaic.

The mural for the Charles Camsell Hospital in Edmonton, Alberta is 28 feet long and 8'6" high, a total of 238 square feet, weighing approximately four pounds per square foot. Calculated at 600 pieces of mosaic per square foot, a total of 112,200 pieces of hand cut and placed mosaic tesserae were used, forming a combination of white Carrara marble mosaic background and smalti mosaic.

The mural is based on age old sources of ideas and forms that have never been fully appreciated.

Editorial Committee

Donna Dryden (Chair)

Elva Taylor

Rena Beer

Ron Bergmann

Margaret Cogill

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ISBN 0-88925-540-7

Published by

Charles Camsell History Committee, 1985

c/o Charles Camsell General Hospital

12815-115 Avenue

Edmonton, Alberta T5M 3A4

Canada

First printing, 1985

Printed and bound in Canada by

Friesen Printers

a Division of D. W. Friesen & Sons Ltd.

Altona, Manitoba R0G 0B0

Canada

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Cartoons by Rena Beer and Max Conaty.

Dedication

This book is dedicated to Dr. Herbert Meltzer and all our pioneers — patients, staff and the wide community that served our cause.

Foreword

In the first half of this century it became apparent that there was a great need to provide a means of fighting the scourge of tuberculosis among the native people of Canada. The disease was very active amongst all segments of the population and there were several sanatoria for treatment of the general public when TB laid them low, but there was never room for the native people at that time. At the end of the Second World War, the Americans, who had been using the former Jesuit College building for administration of their training activities in this country, turned the buildings over to the Canadian government.

The Canadian Health and Welfare Department established a hospital in the buildings to treat the native patients who needed special care in cases of tuberculosis. They proceeded to staff the hospital with people most competent in the field of treating, caring for and researching a cure for the disease.

The Charles Camsell Indian Hospital became the focal point for patients from the western provinces, the Yukon and the western area of the Northwest Territories. Those responsible for the job of hiring personnel succeeded in gathering together a group of people dedicated to the task of healing. Their understanding and caring were the greatest factors in the success of Charles Camsell. At the first many native people resisted confinement to the hospital, but as they experienced the results of good treatment, they came to appreciate what was happening. For many reserves and for natives in the far north the word spread and the Camsell became their own hospital. Though it is no longer a treatment centre for natives primarily, the people still think of it as "our hospital".

We are happy that the story of the Charles Camsell Hospital has been written; it is the history of a great institution for the native people.



Lieutenant Governor of Alberta
1974-1979



The Charles Camsell History Committee. Front Row, L. to R.: Margaret Cogill, Elva Taylor (President), Rita Morin, Ron Bergmann, Back Row, L. to R.: Marie Luke, Esther Wickencamp, Maxine LeClair, Rena Beer, Larry Bradley. Inset: Eileen Hamilton, Donna Dryden (left). Dr. Otto Schaefer (not shown) assisted the History Committee.

PREFACE

Charles Camsell General Hospital stands today as something of an oddity in the midst of a residential mix of single-family dwellings and apartment buildings in the central northwestern area of Edmonton. A casual visitor might ponder the reason for placing such a building in this particular location. A clue to the answer to this seeming enigma may be found inside the hospital.

Hanging on the wall in the cafeteria area, together with paintings by Indian and Inuit artists depicting scenes from a disappearing way of life, are two small framed aerial photographs. One, dated 1983, shows the hospital and neighboring area much as it is today. The other is of the same area in 1951 showing a strange looking cluster of wooden buildings joined together by lengthy corridors and dominated by a majestic brick structure. The surrounding area is, for the most part, vacant land. A regular visitor to the cafeteria might occasionally observe an older staff member explaining features of this photo to younger companions. Therein lies the reason for this publication.

A group of former and present staff members became concerned about the day when none were left to relate the tale of what was, and still is, a unique institution. This group, spearheaded by Elva Taylor, successfully applied for a grant from the New Horizons Program (Health and Welfare Canada) and the difficult task of compiling the story into something resembling an orderly fashion began.

It is, we believe, a tale worth preserving having within it all the necessary ingredients of human endeavor, humor, compassion, pathos, and even high adventure. Most important though, it is an account of participation in what is undoubtedly one of the more notable successes in recent medical history — the conquering of a killer disease.

The story's origins go as far back as June 1937 at which time a conference on "Tuberculosis Among Indians in Canada" was held in Ottawa at which some thirty public health, tuberculosis and Indian Affairs officials from across the nation attended. The conference was chaired by Dr. E. L. Stone, Superintendent of Medical Services for Indian Affairs Branch. Dr. Percy Moore, at that time a medical officer in Manitoba, was also in attendance. It was a one-day conference and not too much in the way of concrete proposals ensued. It was, however, the beginning of a nation-wide concern for the health problems being encountered by the native population.

Hard times and the intervention of World War II inhibited subsequent progress and not much more on the subject was heard until 1945. Formation of an "Advisory Committee for the Control and Prevention of Tuberculosis Among the Indians" was authorized by an order-in-council dated January 18, 1945. The inaugural meeting was held in Ottawa May 30-31 and was attended by many of the participants in the earlier 1937 conference. The welcoming address was given by Dr. Charles Camsell, Deputy Minister of Mines and Resources. Dr. G. J. Wherrett, Executive Secretary of the Canadian Tuberculosis Association, was elected chairman of the committee. Dr. Moore who by this time had succeeded Dr. Stone as head of Medical Services for Indian Affairs had a prominent role in the ensuing deliberations. It was at this meeting that the take-over of the "Jesuit College Hospital" as a tuberculosis treatment centre for Indians of northern Alberta and the Western Arctic was first considered. The rest, as they say, is history.

It was the considered opinion of those engaged in compiling this book that the story of the Charles Camsell Hospital could best be told through the recollections of the people who shared experiences at the hospital throughout the years. The result is primarily a collection of reminiscences of employees, patients, volunteers, teachers, doctors and others having a connection with the hospital. Because of the huge response to requests for written contributions the story may appear at times disjointed or repetitious. It is doubtful, however, that any other format would have imparted so well the spirit of camaraderie and caring that characterizes this unique establishment.

Acknowledgements

Without the interest and generous assistance of very many people, the publication of this book would not have been possible. The Charles Camsell History Committee wishes to thank the following:

The Board of Metro-Edmonton Hospital District No. 106

Mr. Bill Dartnell and the Administration of the Charles Camsell General Hospital

New Horizons, Health and Welfare Canada, and Mr. Ron Williams of the Regional Office, Edmonton Alberta Culture, Historical Resources Division for their financial assistance

Eva Clancy for her great interest and the many hours she spent typing the manuscript

Mrs. Margaret Dzenick for her invaluable assistance in editing

Jane Bostrom, Ruth Callebaut, Grace Webster and Esther Wickencamp for the hours spent proofreading

C. W. (Kay) Keith for her diligent research at the National Photography Archives and at Medical Services, Head Office, Ottawa

Max Conaty for research at the Provincial Archives of Alberta

Irene Powell for photography

City of Edmonton Archives

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Boreal Institute, University of Alberta

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Eileen Urbina, Bev Lidster, Joan Tisdale

Lori Dmytruk, Noreen DeBlois, Cheryl Rynierse, Debbie Odland, Karen Taylor, Margaret Stone for their assistance with typing and proofreading

Nancy Kulchisky

Nita Berg

Al Granger, D. W. Friesen and Sons Ltd.

All those responsible for the production of The Camsell Arrow and Pictorial Review, without which much information would have been lost

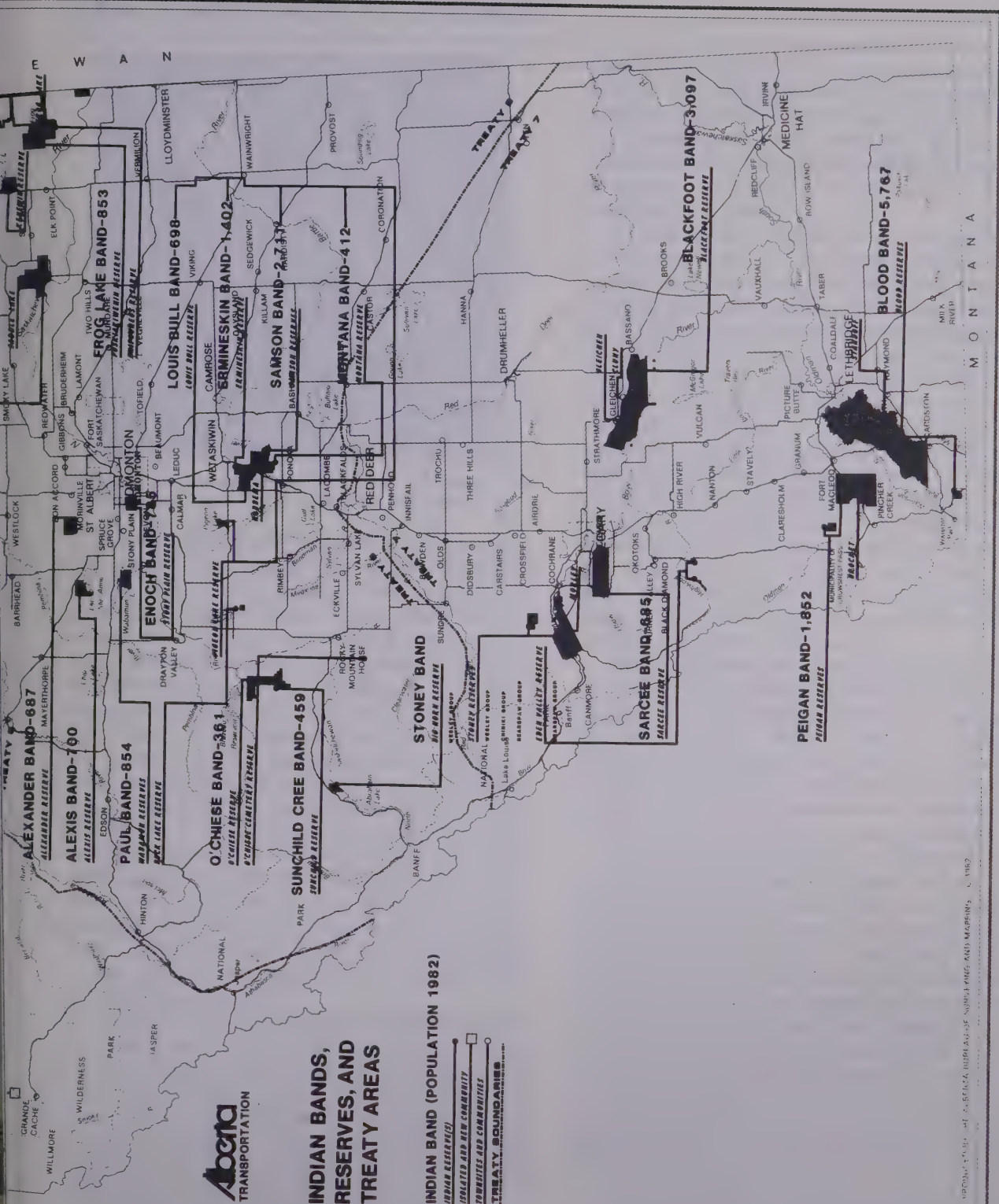
The many individuals who have prepared submissions, provided information, loaned pictures and given support.

A special thank-you from the members of the History Committee to Donna Dryden for her time and expertise.

MEDICAL SERVICES BRANCH FACILITIES



The northern areas served by the Charles Camsell Hospital. (Courtesy of Department of National Health and Welfare, MS8087, 1974).



Indian bands, reserves and treaty areas in Alberta. (Courtesy of Alberta Regional Office, Indian and Northern Affairs)

Dr. Charles Camsell



Portrait of Dr. Charles Camsell, by Lilioo T. Newton. This painting hangs near the main entrance of the hospital.

Dr. Charles Camsell — explorer, geologist, mining authority, administrator. By any of these titles, Charles Camsell left his mark on the history pages of Canada and on the lives of many Canadians. Although involved in matters of national and international importance he was, as he described himself in his reminiscences, a “son of the north”. He had a deep understanding and love of the north and it was his primary focus of interest throughout his life.

Charles Camsell was born on February 8, 1876 in Fort Liard, N.W.T., an isolated Hudson's Bay Company post near the point where the boundary between the Yukon and the Northwest Territories cuts the northern boundary of British Columbia. His childhood was spent on the banks of the Liard River, and later, when his father became chief factor of the Mackenzie River District of the Hudson's Bay Company, at Fort Simpson. There, as a child among traders, trappers and Indians, he learned how to live and travel in the north.

When he was eight years old, Charles Camsell was sent “outside” to begin his schooling. The trip to Winnipeg took three months and involved travelling by York boat, ox-cart, river steamboat and wagon. He attended St. John's College and the University of Manitoba, graduating in 1894 with his degree in arts. His education completed, he had but one thought — to return to the north.

The next few years were ones of adventure and exploration in the basin of the Mackenzie and west to the Pacific Ocean. He worked on the Mackenzie River boats, hunted, trapped and fished. One

memorable trip was in 1897 when, as a member of a party of four, he nearly starved in an unsuccessful attempt to reach the Klondike gold fields.

Through these early years, Dr. Camsell developed a strong, cheerful disposition, an even temperament, a splendid physique, as well as coordination and stamina.

In June of 1900, Camsell became the guide for a Geological Survey of Canada party on its way to explore Great Bear Lake. The Geological Survey was a federal body established to explore and map Canada, with particular interest in land formations and mineral resources. From this association grew his interest in the work of the Geological Survey and an ambition to return to University. In 1901 he registered in geology at Queen's University in Ontario and continued his graduate studies at Harvard University in 1902 and at the Massachusetts Institute of Technology in 1908. He spent the summer months doing fieldwork in the north for railway companies and the Survey. In 1904 he became a member of the staff of the Geological Survey and was again back in the north. During this time Camsell carried out detailed mapping of a number of important mining areas and a study of their mineral deposits.

In 1914 Charles Camsell was appointed Geologist in Charge of Exploration, responsible for organizing the exploration of northern Canada, and later was in charge of geological work in British Columbia and the Yukon. This appointment ended his major field exploration, but his knowledge and leadership provided much of the first information about the vast area that hitherto had been a blank on the map.

Four years later, in 1920, Dr. Camsell was appointed Deputy Minister of Mines and, in 1936, when his department and three others were amalgamated, he emerged as Deputy Minister of Mines and Resources. During the time he was Deputy Minister, Dr. Camsell did much to build up the Mines Branch of his department and personally effected remarkable influence on the Canadian mining industry.

After 1936, one of Dr. Camsell's duties was to act as Commissioner of the Northwest Territories. He was directly responsible for the administration of that part of Canada in which he was particularly interested. His vision of the north as a significant factor in Canada's economic life has since become a reality.

The health service provided for the native people was the responsibility of the Department of Mines and Resources from December 1, 1936 to November 1, 1945. During this time, Dr. Camsell displayed a personal interest in the improvement of the service

and supported Dr. E. L. Stone and Dr. P. E. Moore, who were the superintendents of Medical Services, Indian Affairs Bureau within the department.

Charles Camsell retired in 1948. He died in Ottawa on December 19, 1958.

Throughout his varied career, Dr. Camsell became widely known and respected, particularly for

the quiet, straightforward, friendly dignity that was extended to all, whatever their status in life. He was the recipient of honors of all kinds: honorary degrees, fellowships, medals and prizes.

The naming of the Charles Camsell Indian Hospital in 1946 was a fitting tribute to this outstanding Canadian and one which pleased him greatly.

In the Beginning

E. L. Stone, M.D., M.B., C.M.G.

Dr. Ervin Lockwood Stone was born at Forfar, Ontario in 1891. He graduated in 1914 from Queen's University with a degree in medicine. During his time at university he taught school for two summers in the Smoky Lake area in Alberta. This was his first contact with the Indian people of western Canada.

In the early stages of World War I Dr. Stone enlisted with the Royal Canadian Army Medical Corps. He assisted in setting up Canadian base hospitals in Europe and directed the closing of several at the end of the war. The youngest lieutenant colonel in the Commonwealth Military Forces, he was awarded the C.M.G. (Companion of St. Michael and St. George) for his service.

Following several post-war years in private practice, Dr. Stone was appointed medical officer at Norway House, Manitoba in 1922. He also served as Indian agent as did many doctors at that time. After five years he became Superintendent of Medical Services, Indian Affairs, in Ottawa. By 1930 he and his small staff had increased the number of hospitals on reserves in Ontario and in the west. Only a few had been built prior to this time. He suffered many frustrations during the thirties when his funds were reduced and project after project had to be abandoned. No tuberculosis cases were admitted to sanatoria.

In 1938 Dr. P. E. Moore was appointed assistant to Dr. Stone. With the outbreak of World War II in September 1939, Dr. Stone was soon in uniform once more, this time as Transport Officer in charge of transportation for military medical cases.

Upon his discharge, with the rank of Colonel, he returned to Medical Services, now called Indian Health Services, and, at his own request, was appointed regional superintendent for Alberta, the Yukon and Northwest Territories. His office was at the Charles Camsell Indian Hospital complex.

Dr. Stone retired at the end of August 1951. In a letter dated August 16 of that year, Dr. Stone wrote, "When I was in Ottawa plans were made for all sorts

of medical work if the government provided enough money. I never expected to see a hospital like the Charles Camsell nor did I think the Indians could be as well as they are now".

At a gathering of staff and friends at the hospital, Dr. Orford, in his tribute to Dr. Stone, said, "In his twenty-nine years of service to Canada he was physician, administrator, and a friend to the Indians".

After his retirement from Indian Health Services, Dr. Stone spent some time as a ship's doctor, sailing to the West Indies. This was followed by one year as medical examiner for the CNR. He retired from the CNR and he and Mrs. Stone took up residence in Forfar, Ontario, his birth-place. He died there in November 1967.

Dr. Stone married Nellie Earl of Athens, Ontario on March 19, 1919 at Whitley, England where he was stationed at the time. Nellie died in Ottawa, Ontario in 1969. They had six children: Mary, Jim, Frank, Bob, Charles, and Nina. Mary, the eldest, died in 1936.

"You're Not Getting That Hospital"

Dr. Percy E. Moore

In October 1938 P. E. Moore, M.D., D.P.H., was appointed Assistant Superintendent of Medical Services, Indian Affairs Bureau of the Department of Mines and Resources. He became Acting Superintendent in 1940. On November 1, 1945, Dr. Moore was appointed Director of Indian Health Services, Department of National Health and Welfare. When he retired in 1965 he held the title of Director General of Medical Services.

This article is based on Dr. Moore's speech given at the banquet of the DVA Patients and Staff Reunion, May 19, 1979. Taped and reproduced with permission.

"It is indeed a great honor to be invited here to such a gathering to reminisce about old times. Probably you will forgive me if I reminisce a bit. I should start by mentioning just one or two things about my

own career. I graduated in a great time of prosperity, 1931, and went to northern Manitoba. I was there for seven years when I got the nod to come down to Ottawa as an assistant to Dr. E. L. Stone (in Medical Services). Dr. Stone soon answered the call to rejoin the Army in which he had had a distinguished career in World War 1 and had been awarded the C.M.G. (Companion of the Order of St. Michael and St. George). I was left high and dry and a little green.

Well, things rolled on and through the war we were able to make small improvements in the tuberculosis situation amongst the Indians and the Eskimos. The death rate at that time, in many areas, was at least 10 per cent per year of the population. When I went to Ottawa, it was around 900 per 100,000 of the population. A great friend of mine, Professor J. D. Adamson, from Manitoba, had been in the Army with Dr. Gordon Fahrni reviewing medical establishments across the country. He was the first one to tell me about the possibility, towards the end of the war, of acquiring the Jesuit College Hospital, as it was then called.

I was fortunate in that I had been on a committee composed of representatives of the Treasury Board and other departments that had been responsible for reviewing the requests for surplus military hospitals in Canada. At that time there were four different branches of the military: DVA, the Army, the Air Force and the Navy. Each had been building their own hospitals, sometimes three or four within one hundred miles of each other, and the committee was to review all of these. Therefore, I was in a position to know pretty well where all the military hospitals in Canada were, and I was on the same committee which decided on the disposal of these hospitals.

At the time J.D. told me about this place, we were looking for a place to accommodate the huge number of infectious cases of tuberculosis from Alberta and the Northwest Territories. Dr. Falconer was my assistant in Ottawa. He went out to Edmonton, surveyed the situation and came back with a glowing report of the possibilities of this Jesuit College Hospital.

Time marched on, and I managed to convince the Cabinet and Treasury Board that we needed this hospital more than anybody else. But when I let the news out in Edmonton, there was great opposition in this fair city to establishing an Indian Hospital on this site. Some citizens had even gone to the point of demanding the resignation of the Minister of Health and Welfare as well as that of the Honourable J. A. MacKinnon, M.P. for Edmonton West. I was sent out to try to defuse the situation. I still remember when I got my orders. I was at a cocktail party at the Rideau Club in Ottawa when the Honourable Brooke Clax-

ton, Minister of Health and Welfare, tapped me on the shoulder and said, "You're going to Edmonton tonight." This was on Thursday and I knew there was to be an important football game in Ottawa on Saturday afternoon. I wanted to attend, so I said, "Saturday night?", he said, "Tonight". "I can't get any transportation," I said. He said, "You go out to the airport, there's a plane waiting for you." They flew me out in an Air Force plane. By this time the news media had got the idea that somebody was coming from Ottawa, and they were waiting for me when I landed. They asked me my name and I said, "I'm one of the Jones' boys" and managed to escape.

I met with representatives of City Council and, thanks to the support we had from such local characters as the late Walter Mackenzie and Malcolm Bow, Deputy Minister of Health, they finally backed our effort to get the hospital.

At that time, there was a certain individual (I won't mention any names), who was trying to whip up a crowd to march on the Camsell, not particularly the hospital part, but all the low level buildings surrounding it. They wanted to take them over for veterans' housing. The poor lad never knew that while he was sitting at the meeting there was an RCMP constable beside him and another one right behind him and they had a warrant for "inciting" or "causing a crowd to revolt" or something like that. He didn't go too far when it was served on him.

I was called over to see Colonel Proctor who was District Administrator of DVA, and he said, "Oh you've just got false dreams, you're not getting that hospital. We're going to keep it." I didn't tell him that I had an Order-in-Council from the Government of Canada to transfer it to the Department of National Health. And so we got the hospital.

I like to take credit for naming it the "Charles Camsell Hospital". Charles Camsell, as you all know, was a great character. He was the Deputy Minister of Mines and Resources at that time and had helped me in many ways to further our efforts for the health of our native people. I appealed to the Cabinet and my request was granted. We called the hospital "Charles Camsell". Old Charlie said, "There's just one thing . . . it should always be called the **Charles Camsell Hospital**". We all agreed with that, and as we took it over, men like Matt (Dr. Matas) and several others in this crowd were still in uniform and working for Medical Services of National Defence. Many of you people were patients in here at that time. We had a great move. As soon as beds were available we would start putting in Indians and Eskimos. As the staff wanted to take off their service uniforms and work for this department, they did. There are quite a few here tonight who did that.

So, that is a summary of the early days of the Charles Camsell.

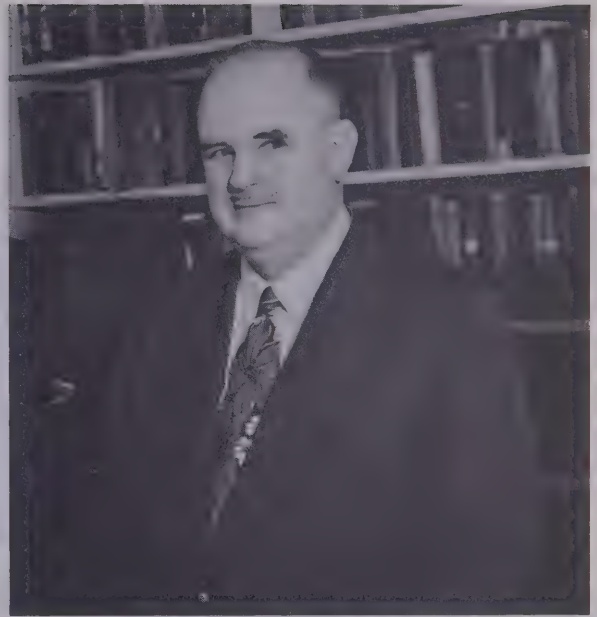
When I think of the support I had from the very loyal staff . . . I couldn't begin to mention names because I am eighty years old and my memory isn't quite as good as it was. I might miss somebody. I might miss somebody that would pretty near go home crying for me not mentioning them, so I'm not going to mention any particular names. I don't think that any of you boys who were here ever regretted being in the former Jesuit College Hospital. It had a military name which I've forgotten. As time transpired some of you veterans were discharged or transferred to one of the other hospitals and the Camsell became fully an Indian and Eskimo hospital. The old hospital served valiantly. In fact it was a very good battleground for Herb Meltzer and one of his adversaries. I came out one time and one of them was standing down here and the other was standing down there. They were shouting at each other. I wouldn't like to repeat what they were saying. However, it all ironed out and, outside of resigning about every once a month, Herb did give valiant service as you all know.

Well, I could ramble on for quite a while in this vein but I think I'm more than assuredly over my time. I haven't got my wife beside me. She always gets me by the coat tail and tells me it is time to sit down. She calls me by the name of her Presbyterian pastor who is a little long-winded. First, I want to congratulate the committee that put this wonderful gathering together. Two of my very favorite harem, Elva and Cogi, wrote to me in Ottawa. I was still in Florida then and got home to find this invitation and I said, "Well, I'll get there by hook or by crook", and I made it by hook. So here I am. With those words I'll again thank you very much for the privilege of being here and the privilege of talking to you and giving you a little bit of the background of the hospital. There's an awful lot more of it. Thank you again."

Percy E. Moore, M.D., D.P.H.

Dr. Moore spent his medical career serving the Indian and Eskimo people directly or indirectly. He was not only responsible for procuring the buildings and land for the original Charles Camsell Hospital, but was also instrumental in convincing the authorities of the need for the new hospital. Without his foresight and perseverance we would not be writing this history.

Born in Oxford Mills, Ontario in 1899, Dr. Moore grew up in southern Saskatchewan. In 1931 he graduated in medicine from the University of Manitoba at which time he joined the Department of



Dr. Percy E. Moore.

Indian Affairs as Medical Superintendent of the Fisher River Indian Agency, north of Hodgson on the west side of Lake Winnipeg in Manitoba. His salary was to be \$3,120.00 per year. This was in the midst of the Great Depression and, as an economy measure, he was subsequently designated as a part-time physician at the reduced salary of \$2,100.00. This rate was later cut by then Prime Minister Bennett's ten per cent reduction on all government wages. It was not until 1934 that Dr. Moore's salary was restored to \$3,120.00 at which time he also was appointed Senior Medical Officer for Manitoba to act as consultant for the inspector in charge of Indian Affairs for the province. He already was Provincial Coroner for his area, as well as the doctor for the Metis and the settlers.

During his time at Fisher River, with the help of provincial public health nurses, he set up clinics at some forty-five schools which ensured that all the children were immunized against infectious diseases. No dental services were available so he also extracted teeth as necessary.

There was no telephone and the only roads were bush trails over mud and muskeg. In winter Dr. Moore travelled by horse and cutter or dog team. In summer he drove a team of horses hitched to a democrat. He visited two settlements, seventy miles up Lake Winnipeg, by skiff with an outboard motor in summer and by dog team in winter.

Among Dr. Moore's many accomplishments was planning of the original Fisher River Indian Hospital which opened in 1940. The lumber for the building

was cut by the natives at their own sawmill. With the exception of plumbing and electrical work the hospital was constructed by them. When Dr. Moore was in Winnipeg in the summer of 1983, the Regional Director of Medical Services, Manitoba Region, arranged for staff to drive him to Hodgson to visit the Percy Moore Hospital. A reception, attended by a large delegation of local and native people, was held at the hospital in his honor.

Dr. Moore took time out in 1937 to attend the University of Toronto to obtain a post-graduate degree in public health. Also in 1937 he married Edna Stewart, and they have one daughter, Mary.

It was around this time that the Government of Canada responded to popular demand that something be done about tuberculosis among the Indians. In 1937 a meeting under the chairmanship of the Honourable C. D. Howe, Acting Minister for Mines and Resources, was held in Ottawa. Dr. Moore attended. One of the recommendations made was that an assistant medical officer be appointed whose primary function would be to establish a system to work toward the control and eradication of tuberculosis among the native peoples. As a result, the government allocated \$100,000.00 for this project.

Dr. Moore went to Ottawa in October 1938 as Assistant Superintendent of Medical Services, Indian Affairs Bureau, Department of Mines and Resources. His main assignment was TB control. Dr. E. L. Stone, M.B., C.M.G., was Superintendent. When Dr. Stone enlisted for service in World War II, Dr. Moore became Acting Superintendent.

On November 1, 1945 the control and supervision of the administration of medical services for both Indians and Eskimos was transferred to the recently formed Department of National Health and Welfare and designated Indian Health Services. Dr. Moore was appointed director. In 1955 his title was changed to Director of Indian and Northern Health Services and, in 1962, to Director General of Medical Services.

Dr. Moore had two staff members in 1945: Dr. W. Lynn Falconer as assistant and Miss Laura McKeever as secretary. The situation was greatly enhanced by the addition of the late Dr. Harry A. Procter, DSO, in 1947.

Vision, persistence, perseverance and the capacity for hard work were some of Dr. Moore's attributes. He was very loyal to his staff and had the remarkable gift of being able to remember names long after his first meeting with people. The experiences he had during his first years in northern Manitoba gave him a solid base from which to anticipate and comprehend the needs and problems of the people being served as well as those serving. His drive and person-

ality created a spirit of cohesiveness among the early staff members in Indian Health Services, a spirit which continued even after expansion of his responsibilities. His objective was always to provide maximum care within the resources available.

On the occasion of the sod-turning ceremony for the new Charles Camsell Hospital, October 19, 1964, Dr. Matas, in his introduction, said, "Dr. Moore has labored long and hard to assure that this new hospital would become a reality rather than a piece of paper or a pipe dream. Without his enthusiasm, drive and dedication I am certain we would not be assembled here to mark the sod-turning ceremony for a brand new hospital which will be commensurate with the high standards of medical care already being provided by a competent and dedicated staff".

Dr. Moore is known nationally and internationally having served as Canadian delegate to the World Health Organization in Geneva. He became a member of the executive board of WHO and was chairman for two years. He was president of the Canadian Tuberculosis Association for one year.

He has written articles for various publications including several for "Perspective", a newsletter which was published for employees of Health and Welfare Canada. A chapter entitled "The Modern Medicine Man" in the book "People of Light and Dark" (published in 1966 under the authority of the Honourable Arthur Laing, Minister of Indian Affairs and Northern Development) was contributed by Dr. Moore.

The Honourable Paul Martin, former Minister of Health and Welfare and author of "A Very Public Life", inscribed in the front of the copy of Volume 1, given to Dr. Moore:

"For Dr. Percy Moore, a great Canadian public servant whose direction of Indian Health Services, Ministry of National Health and Welfare, will long be remembered as monumental.

With affection and admiration,
Paul Martin, July 12, 1984"

Historical Record Charles Camsell Hospital

by Dr. W. Lynn Falconer

During the summer of 1945, as assistant to Dr. Percy E. Moore, Acting Superintendent of Medical Services for Indian Affairs, Ottawa, I was sent on a trip west. One of my assignments was to inspect a group of buildings in Edmonton, then operated by the Royal Canadian Army Medical Corps, and report on their suitability as a hospital for the treatment of tuberculosis. Lieutenant-Colonel J. D. Adamson, who was on the surgical consultant staff of the R.C.A.M.C., had suggested to Dr. Moore that the buildings would become surplus to army needs in the

near future and might be available and useful to Indian Medical Services.

The inspection of the hospital was only one of my duties. Other assignments included a journey down the Alaska Highway to Whitehorse and a trip via the Mackenzie River as far as Aklavik. Visiting these areas gave me a much better idea of the requirements needed to provide treatment services for northern Alberta, the Northwest Territories and the Yukon.

On the afternoon of July 3rd, Wing-Commander L. Phinney, R.C.A.F., second in command of Northwest Command, and liaison officer with the American force, and I visited the hospital. We were shown through the buildings by the Commanding Officer, Colonel A. H. Taylor, R.C.A.M.C.

The nucleus of the hospital was the Jesuit College, constructed in 1913. It was used as a boys' college until 1942 when it was taken over by the American Army. At this time a number of detached frame buildings of California redwood were erected. These functioned as mess halls, recreation halls, officers' quarters, and staff quarters. The entire property was used as a holding and forwarding centre for American Army personnel and civilian engineers employed in the north. The headquarters for hiring and dispatching civilian construction crews to work on the Alcan Highway (now known as the Alaska Highway) was also located here.

When the highway was completed in 1944 the Americans withdrew. The property, by this time covering more than a city block, and the equipment were sold to the Canadian Government. The Edmonton Military Hospital was set up as an establishment of the Royal Canadian Army Medical Corps. During its tenure several of the buildings, particularly those used for wards, were connected to the main building (the former Jesuit College). These additions were carried out under the supervision of the Commanding Officer, Colonel MacKenzie, R.C.A.M.C., who later became involved in hospital architecture.

The foregoing is a brief review of the history of the institution we knew as the Charles Camsell Hospital. At the time of my visit in 1945, Colonel Taylor stated that there were twenty-two patients in the hospital and the capacity was 397 beds. In addition, there were comfortable quarters for an equal number of staff.

Much of what follows is taken from my report of July 4, 1945, which included a detailed description of the buildings, the layout, equipment, and my recommendation stressing the suitability of the property as a centre for the treatment of tuberculosis:

"The main building is a three-storey structure built of brick and cement and has a partial basement. The so-called 'temporary buildings' are frame, built

of California redwood, and are grouped together closely which creates a considerable fire hazard. The hospital is splendidly equipped. It is located on 128 Street between 114 and 115 Avenues.

The buildings are supplied with electric light, gas fuel to provide steam heat, and are connected to city water and sewage. There is a fire station on the property with one truck. Steel fire chutes are located at each end of the main building providing exits for the second and third floors. There is no laundry. Apparently it is planned to have the laundry done by city or American Army facilities. There are adequate toilets, baths and showers in all parts of the building. The wards are equipped with utility rooms, sterilizers and frigidaires. There is a signal system throughout for the use of patients. All wards are connected by telephones.

The administrative building is a two-storey frame unit at the north end of the brick hospital and connected to it by a covered corridor. It is complete with record room, offices, telephones and a switchboard and appears adequate for administrative purposes.

A portion of the basement of the main building is used as Quartermaster Stores but the remainder is not in use since it has not been completed. The ground floor has a large admission-discharge section with room for clothing storage and facilities for admission baths. Also on the ground floor are X-ray rooms, dark rooms, a large laboratory, and a dental office with X-ray and dark room. There are offices for specialists and medical officers, storage space, two large operating rooms, plaster rooms, drug rooms, locker rooms for staff complete with showers, a dispensary and plenty of utility and other cupboards all located on this level.

The second and third floors have a large ward at either end with partial partitions six feet high. Each can accommodate forty-two beds. Between these large wards is space for diet kitchens, bathrooms and other ward facilities as well as four smaller rooms for seriously ill patients.

This building could probably accommodate fifty more beds if some of the area that is used now for military purposes were converted.

Leading west from the main building is a heated walkway to the locker rooms. It continues on to the large building consisting of kitchen and mess room with cafeteria-style service. It is said to be set up and equipped to feed two thousand people at a meal. The corridor turns south and connects to three other corridors, each of which serves two redwood buildings (total of six) that have been converted for use as hospital wards."

This is a rough description of the hospital as I saw it in 1945.

In my report I made several recommendations:

1. In conducting an anti-tuberculosis program for the Northwest Territories I consider it imperative that we obtain this group of buildings as a central treatment centre for the Territories as well as for northern Alberta and the Yukon.

The incidence of tuberculosis and the death rate is considered higher in this whole area than anywhere else in Canada. There are approximately 14,000 Indians living here, plus the Eskimos in the north.

2. Using this hospital as a treatment centre, arrangements could be made for specialists and certain staff services from the University Hospital, as well as an intern service from the University. In return, clinical facilities for teaching purposes could be made available to the Medical Faculty of the University of Alberta.

3. A full-time medical officer for the Edmonton area (this is sorely needed) should be appointed with offices at the hospital.

4. The Jesuit College Hospital is owned by the Government of Canada. It seems to be surplus to the needs of the Army and I would strongly recommend that the hospital, along with the complete equipment and staff buildings, be turned over to this Department [Mines and Resources] for the treatment of wards of the Government.

My report was submitted to Dr. McGill, Director of Indian Affairs, Department of Mines and Resources and forwarded to Dr. Brock Chisholm, Deputy Minister, National Health and Welfare. Following consideration of the report the hospital was acquired for Indian Health Services.

On November 1, 1945 the control and supervision of the administration of medical services for both Indians and Eskimos were transferred to the Department of National Health and Welfare and designated as Indian Health Services. Dr. Moore was appointed Director and I continued as acting assistant.

Following my return from this inspection trip, the question of a name for the hospital arose. Dr. Charles Camsell, a geologist and the Deputy Minister for the Department of Mines and Resources, was retiring and it was decided to name the hospital after him. Dr. Camsell was born in the Northwest Territories and was a great supporter of medical services for the Indian and Eskimo people.

Editor's Note: A copy of Dr. Falconer's complete report, dated July 4, 1945, plus a 16mm film that he had made at that time to illustrate his report, were enclosed in the copper box which is sealed within the cornerstone of the new Charles Camsell General Hospital.

Dr. W. Lynn Falconer.



W. Lynn Falconer, M.D.

Born July 14, 1897 on a farm near Morden, Manitoba, Dr. Falconer attended school in the town completing Grade X. With the outbreak of World War I in August 1914, he enlisted at once and was sent to England with the first contingent. He went to France in May 1915 when reinforcements were sent for the 1st Canadian Division and he served both in the infantry and cavalry. A serious wound in March 1918 necessitated his evacuation to No. 4 Canadian General Hospital in Basingstoke, England. He returned home to Canada in December 1918.

January of 1919 found Dr. Falconer back in school at Morden. After a few weeks he went to Winnipeg to attend a course which was given at the University for returned soldiers. That autumn he entered the Manitoba Medical College.

His subsequent medical experience included two years as a senior resident, followed by nine years in private practice in a mining area in central Manitoba. He then spent six months at the Winnipeg General Hospital as senior intern in orthopedics before becoming an employee of the Manitoba Sanatorium Board for six months. This experience included a period at the sanatorium at Ninette as well as at the Central Tuberculosis Clinic in Winnipeg.

Dr. Falconer joined Medical Services, Indian Affairs Bureau, Department of Mines and Resources at The Pas, Manitoba in October 1938. The many experiences which he had fitted him for his transfer to Ottawa in the autumn of 1940 as assistant to Dr. P. E. Moore, who was acting superintendent at head office. One of his important assignments came nearly five years later when he was sent to Edmonton to inspect the Edmonton Military Hospital (Jesuit College Hospital). His report of this event entitled "Historical Record — Charles Camsell Hospital" is included in this book.

After completing the inspection of the buildings, Dr. Falconer flew to the Northwest Territories and the Yukon to visit the hospitals there. Many of these

were mission hospitals but one was owned by a mining company, another was a community general hospital and the little hospital at Fort Norman, operated by Medical Services of the Indian Affairs Bureau, formerly had been an Anglican mission hospital. Several of these facilities were to play an important role in providing additional beds for the control and treatment of tuberculosis in the late 1940's and very early '50's when the Charles Camsell was filled to capacity.

Work at head office in Ottawa during 1946-1948 entailed organizing areas for Indian Health Services. This included acquiring or developing buildings for nursing stations in northern areas some of which were in the Arctic and others in northern parts of the provinces. Some existing facilities had to be inspected and renovated to be made suitable for use. During this period Dr. Falconer was responsible for administration, organization and acquisition of facilities for treatment and health care for the native people.

In August 1949 Dr. Falconer was transferred to Edmonton. He spent time becoming familiar with the operation of the Charles Camsell Indian Hospital, methods of tuberculosis control for the vast area served, working relationships with the Department of Indian Affairs in Alberta and the work of the nurses assigned to nursing stations and small hospitals on various reserves. On January 1, 1950 he assumed the position of Medical Superintendent of the Charles Camsell as well as Superintendent of Services for the Mackenzie District of the Northwest Territories. When Dr. Stone retired in 1951 Dr. Falconer was appointed Regional Superintendent, Foothills Region. He continued in the dual position until 1954 when Dr. Matas was appointed superintendent of the hospital.

Dr. Falconer was determined to improve the health of the Indian and Eskimo people. Tuberculosis control had the highest priority but he was keen to provide assistance in all medical problems. He realized that education and social and economic factors were of prime importance in improving conditions that affected health. With these goals in view he worked closely with Indian agents, teachers and later, social workers, rehabilitation officers and health educators.

Public relations was important to him and he sought and took advantage of all opportunities to promote goodwill and understanding between Indian Health Services and the Indian people, as well as other individuals and agencies involved.

Football in his youth and golfing and gardening in later years were included in activities which he enjoyed. Dr. Falconer retired in 1963. He and Mrs.

Falconer (the former Ann Brown of Kenora, Ontario) did some travelling before moving to Victoria in 1966. They have one daughter, Janet, and a son, David.

Viscount Alexander Opens Hospital

His Excellency Field Marshall Viscount Alexander of Tunis, Governor General of Canada, formally opened the Charles Camsell Indian Hospital on August 26, 1946. Dr. Camsell, for whom the hospital is named, was in attendance. Many of the patients who will be treated for tuberculosis will come from the north which Dr. Camsell knows so well. He spoke briefly at the opening ceremonies.

Doreen Callihoo, an eight year old girl from Ward 2, presented Lady Alexander with a bouquet of flowers.

In December 1947 a letter was received from Dr. Camsell in which he wrote, "When the Minister of National Health and Welfare intimated that he would like to use my name for the newly-acquired hospital, I felt deeply honoured".

From "The Camsell Arrow" January-February 1959.



Viscount Alexander at the official opening of the Charles Camsell Indian Hospital, August 26, 1946. With his back to the camera is Dr. Charles Camsell; to the rear of the Viscount is Lady Alexander.

The Camsell Buildings And Their Problems

by Herbert Roberts

Employed May 1946-1965. Known to everyone at the Camsell as "Bert", he started working at the hospital in the boiler room as an Engineer in 1946. In 1947, he was appointed Clerk of Works, a position he kept until 1954, when he was appointed Maintenance Supervisor.

A bit of history is required to understand how this complex of buildings became the Charles Camsell Hospital.



Jesuit College, ca. 1914. The land on which the College was situated was donated by John Norris and additional land was later donated by Joseph Scott. The Jesuit priests were requested to build the College by Bishop Legal of St. Albert. The building was completed in 1913. (Credit: City of Edmonton Archives).

The Jesuit College was built in 1913. It was a three storey brick building resting on a concrete wall foundation some five feet deep and two feet in thickness; a very solid wall indeed. There was no concrete used for interior supports; just wooden pads, posts, beams and joists. The only excavation made was for a heating boiler to service the radiators on the floors above.

There was another small brick building to the north which, sometime over the years, had the brick walls covered with cedar siding and painted white. It also had a distinct list from the perpendicular, like the Tower of Pisa and, like the Tower too, the list moved very little. This building was known as the Annex.

The site of the College in the northwest part of the city was well away from the city core at that time. It was a low-lying area, and with spring runoff and heavy rains, the playground would be covered in water. It was in bush country with few houses nearby, and the main road to the north passed by this location. It was called the St. Albert Trail and connected the city to the village of St. Albert and other small communities such as Morinville and Legal.

The College remained active until the Second World War, and in 1942 the site and buildings were released to the Americans. The "Powers that be" had decided that an all-weather highway to Alaska was essential to the war effort and this site was suitable to establish a base of operations. An area of some three city blocks, together with the College buildings, was turned over to the American Army Engineers.

In no time at all the Americans erected a large building to contain kitchens, bakery and butcher shops with deep freeze and food storage, mess halls and an assembly hall. Surrounding this central core they built sixteen living quarters housing thirty-two men each, a boiler house and a fire hall. All of these were built of the best materials. The framework from ground to roof rafters was made of Douglas fir, and the walls were covered with California redwood siding. The walls were insulated with a form of loose fill; the attics had zonolite loose fill poured between the ceiling joists. The roofs were shingled with long cedar shakes with eaves extending over the walls by a good three feet. These were very nice buildings indeed, but unfortunately not for this climate. There was no concrete used except for chimney bases, so all the supports under the buildings were made of untreated wood: laminated fir for pads, posts and beams. This area, known as the crawl space, contained the water and drainage pipes servicing the rooms above, and these ran for long distances before either reaching the furnace room for the water pipes, or going below ground to the sewers. No protection against frost had been made other than a covering wall of siding and a bit of wrapping around some of the pipes indicating that this was applied at a later date. None of this succeeded in preventing freeze-ups or cold floors. One shouldn't blame the builders too much, however, for it was never intended that the buildings last longer than the time necessary to complete the job of building the highway.

Other buildings included in the complex were: two solidly made warehouses, a steel Quonset hut for recreation and a gymnasium and several light plywood huts used for various purposes. A complete new sewer and water service was installed (unfortunately with no catch basins for surface water drainage), and together with electrical requirements, all connected to city utilities.

The highway to Alaska was completed in 1944 and the Americans released the whole base to the Canadian Government who decided to turn this complex into what was to be called the Edmonton Military Hospital, and for the next year, once again, construction, renovations and alterations were under way. The ground floor of the College building was to contain administration, laboratory, X-ray and operat-



The Camsell Complex, June 1967. 1. Main building. 2. Ward 3. 3. Maternity (formerly Ward 1). 4. Main floor. 5. Eskimo fur storage. 6. Penthouse to roof; solariums Wards 3 and 1; Pharmacy, ground level. 7. Ward 4. 8. Corridor connecting main building to chapels, kitchen, etc. 9. Laboratory. 10. Administration and Switchboard. 11. Pharmacy stores. 12. Sewing room. 13. Linen room and lockers. 14. Protestant chapel. 15. R.C. chapel and Occupational Therapy. 16. Education Department, Conference room and offices. 17. Laundry pick up and oxygen storage. 18. Burma Road. 19. Wing corridor to Wards 5 and 6. 20. Ward 5, A, B, C. 21. Ward 6. 22. Ward 7. 23. Ward 8. 24. Ward 9. 25. Ward 10. 26. Ramp to new hospital.

ing rooms, and the upper two floors were to be patient wards, nurses' stations, auxiliary kitchens, bathrooms, and storage. An elevator was installed to service three floors. The basement was partly excavated for a new heating boiler, some storage and for independent service lines to the new operating rooms. A frame solarium was built and attached to the main building with the pharmacy using the ground floor.

Six of the redwood living quarters were altered to serve as six separate wards, and were then interconnected by hallways to a long corridor that joined with the main building and mess hall. Off this corridor a new building was erected for linen storage, locker rooms and washrooms.

These alterations were completed about the end of 1945 and some Department of Veterans Affairs patients with tuberculosis were the first to be admitted. By then the Government had come to the conclusion that a military hospital in Edmonton was not required, so the whole complex was turned over to

the Indian Health Service for the treatment of TB. Two wards were reserved for the Department of Veterans Affairs and these patients remained for several years until they were transferred to the new Aberhart Memorial Hospital. So, the Charles Camsell Indian Hospital came into being, though it was almost a year (August 1946) before it was officially named. No time was lost in bringing in patients; so many, in fact, that by the end of 1946 there was a definite need for more space. The maintenance staff was expanded and the large dormitory wards were divided into a more convenient and efficient way of using the space. A good many lean-to additions were built and attached to the main corridor on both sides, filling in gaps between the outlying wards. As fast as space was created for more beds, it never seemed fast enough, for many times in those early days beds would be set up in the corridors as there was nowhere else to put patients when they arrived in large numbers. Also, the more patients the hospital accepted, the more support services needed to expand to

provide necessary auxiliary services. Maintenance staff continued to build more lean-to additions, a group of rooms for laboratories, another group for doctors' offices (later to be used by the Educational Department), another lean-to for pharmacy supplies, and space for a sewing room off the Linen Storage. All of these additions were built in the belief that next year or the year after there would be a new hospital under way, so these were to be of a very temporary nature.

The biggest problems for maintenance, however, were the inherent faults in the redwood units, some of which were wards. The crawl spaces with the pipes freezing up were bad enough, but as these areas were below the level of the ground and roadways surrounding them, they were great receptacles for the surface water to flow into from all directions. To help to correct both these faults permanent embankments of earth were piled up over these areas. This helped a great deal, but it naturally created a place where, in damp conditions without ventilation, both wet and dry rot could, and did, quickly start to eat away at the wooden supports. When the legs of a bed went through the floor in Ward 6, it led to fast action and contractors were soon on the job putting a building block foundation under the perimeter of all six wards, thus preventing further water-flow under the floors, and providing insulation against frost.

This condition of surface water always being with us, was bad in another respect, for trucks were often mired down in making deliveries and, though more gravel would help, it would still not allow catch basins to be installed. Only a form of hard top would allow that. Over a period of time hard top was laid and catch basins were installed, and nurses with their white shoes could finally go to their quarters without rubbers.



Staff residential units, ca. 1948. Note snow on roof edges.

Roofs

This brings us to another big fault of the redwoods. The biggest bugbear we had for the lifetime of these redwood units was caused by the method

used to heat them. Being of a temporary nature (you know we'll be getting a new hospital in a year or two), no consideration was ever given to altering or substituting a better system because the cost was prohibitive. The trouble, plain and simple, was that the roofs were too warm.

There is nothing wrong with a good shingle roof providing the attic is properly insulated and vented. However, a warm attic during our severe winters will result in melting of accumulated snow on the roof, causing icing along the edge. As anyone who has lived in a poorly insulated house will know, this usually results in leakage, particularly during periods of heavy snow build-up.

It has been mentioned that the ceilings had about five inches of loose zonolite poured between the ceiling joists, so what was the trouble? The trouble was that to heat any one of these units the main heating duct from the furnace rose directly to the attic, branched off with smaller ducts to reach the faraway rooms, then penetrated the ceiling in each individual room to disperse the heat through the hot air registers. As this distribution could only be done by forced air, you were assured of nice warm ducts in the attic — a real cozy place indeed!

When the first snow of the season arrived it would settle on the roof, start to melt, and run down to the eaves. As the water moved away from the warmth, it would start to freeze and form an ice ridge — and with a three-foot eave, what an ice ridge! Water would start to back up under the first shingles and icicles would soon form on the redwood siding. It wasn't long before water was running down the inside wall or forming a pool over the ceiling and reaching the light fixture. At this point the maintenance staff was called immediately, especially if someone was splattered with water on the back of the neck!

There appeared to be only one effective solution and that was to get rid of the snow as quickly as possible. At times the whole maintenance staff busied itself in cleaning roofs. Since there were thousands of square feet of roof to be done, and as snow might continue to fall for several days, there were often many leaking spots where the snow had not yet been cleared. Eventually, extra help was employed for this purpose alone.

So the roof problem was never really solved, and everyone had to put up with it for twenty years.

We had one other experience with roofs that was totally unexpected. While a certain VIP from Ottawa was visiting the hospital, we suffered a very heavy cloudburst. Suddenly water started to pour in from the ceiling on the top floor of the main building onto the beds below in Wards 3 and 4. Everyone available

grabbed a pail or pan and rushed onto the roof where a pool of water had formed. Bailing like mad and flinging the water over the side of the building, with the VIP doing his full share in this emergency, the water was cleared. Everyone wondered why the roof drains had not taken it away but we soon found that they were plugged with tar which had slowly seeped in from the tar and gravel roof finish. I don't think anyone's arm had to be twisted to get a new roof covering, for the proper man at the proper time was at hand. He was later to become Medical Director of the hospital.

During the years of temporary construction, the Department of Public Works tendered out contracts for the building of a new permanent powerhouse which gave us an ample supply of steam, and a laundry and workshop building also. As a site for the intended new hospital had to be convenient, yet not interfere with the operation of the old, it was decided to move eight of the units used for living quarters. Over a period of four years, the units were separated into three parts each and were moved a block away. They were placed on proper concrete foundations on individual lots.

After removal they continued to be living quarters, but with a vast improvement as the heating for the unit no longer went into the attic but was fed into the rooms from below. The maintenance staff was very appreciative of this aspect of the change in the heating method, for the roofs no longer had to be cleared of snow. Finally in 1964 a digger arrived and started to dig a big hole in the ground for the new Charles Camsell Hospital.

While writing about those days of the past, odd things come to mind, and they seem to be connected with the outlying wards. The legs of a bed going through the floor, the fly screens on the ground windows having holes poked through them and people saying that the natives could not talk to their friends unless there was no obstruction between them. The holes were likely used to smuggle goods not approved by the medical staff. This was easy to do in the dark hours of the night, for we had no fences barring easy entrance to the grounds. Many stories came from the DVA wards about capers and scams originating with those experts, those people who learn all the little swindles that are the breath of life to an old soldier. Yet what sticks in my memory is the singing of the canaries, one of which had a gloriously loud trilling song that could be heard far away, and, as if in echo to this canary, the voice of the yodelling orderly resounding throughout the corridor as he was pushing a stretcher to X-ray or elsewhere.

I do have one regret, and that is I think it would have been extremely interesting to see what might

have turned up when they were demolishing these wards, but by that time I had retired. I have been told that all sorts of things were discovered in the walls including piles of pills and even hamsters. So the holes that were so often knocked in the walls and which we had to repair were not for the purpose of talking to the patient in the next room, as we thought, but for another purpose. Also, I wonder how long a hamster had to go without food, after we repaired the wall, before a new hole was opened. The place I thought may have shown the most evidence of illegal items was the top floor. A table pushed under the trapdoor to the attic with a lookout posted during the quiet period at night would enable a nip from a smuggled bottle of John Barleycorn and perhaps even some cigarettes. The loose zonolite would have provided a perfect hiding place for such contraband.

I am going to bring this to a close by stating that if anyone enjoyed a challenge, then those early days at the Camsell offered unlimited scope and I found it an interesting and absorbing time. There seemed to be a new problem to face each day and I was very fortunate in having a staff that enjoyed a challenge. Between us, we managed to either solve the problem or at least ease the situation. **HOWEVER, WE COULD NOT PREVENT THOSE !@%! ROOFS FROM LEAKING!!**

In conclusion I must state that it is doubtful if this place would have been launched to a start in twice the time if it had not been for the man at the top, Dr. Meltzer. This determined man pushed and prodded and pressured every individual to do his or her job under sometimes very trying conditions (and he cajoled his friends and acquaintances in War Assets to release goods to us which could not be obtained elsewhere at this time).

Yet he pressured himself more than anyone, for he burned a lot of midnight oil in office work, in addition to his surgery and attending to the medical demands of the hospital.

A job well done, Doctor, and I thank you for giving me the chance to work with and for some very fine people.

The Bucket Brigade **by Dr. W. L. Falconer**

Along with Dr. Austin Simes, the Regional Superintendent of Indian Health Services for Saskatchewan, I visited the Charles Camsell Hospital, arriving in the afternoon. During the previous night there had been a thunderstorm and a heavy downpour of rain, which had left a foot of water on the tar and gravel roof of the main building. This roof sloped towards the centre where the drains were located but, over the years, tar, gravel and other debris had

washed into these drains and they were blocked. The result was an "open air roof-top" swimming pool about 18 inches deep. As the roofing was not leak-proof, countless drips made their way through the ceilings of the upper wards of the building. The nursing staff of these wards was busy moving beds to avoid the drips, and placing pots and pans to catch the water. The doctors, orderlies and other male staff, including Dr. Simes and me, organized a bucket brigade and bailed the water over the roof parapet.

Very soon after my visit authorization was obtained from Ottawa to hire a local contractor to clear the drains and do the necessary repairs to the roof.

This was my first visit to the hospital since my survey in 1945, and my first introduction to many of the able staff.

The Hospital Grounds

by John E. Ford

Employed 1947-1961. Gardener. Living in Red Deer.

I was the gardener at the hospital from March 3, 1947 to June 16, 1961. The day on which I started to work Dr. Meltzer and I took a tour around the grounds to see what conditions were like after the huts, etc., had been moved. The Americans had built these for use when using the Jesuit College area for headquarters for the "Alcan Highway". Both Dr. Meltzer and I were amazed at the terrible conditions and he said: "Mr. Ford, you'll have a heck of a job putting these grounds in shape."

He gave me a free hand and asked what help and materials I needed. Believe me, it took some time and effort to bring the place to something "ship shape". I had a crew of four or five. In between the buildings the grass and weeds were waist high. But the biggest job was moving cinders and gravel away. I drew plans of the different parts of the grounds and gradually got them to look like the plan. But it took time.

The only bit of greenhouse at the time was one end of a Nissen Hut with a few window sashes for light.

Then came the snow. The whole crew had to scrape the snow off the roofs as the overhang used to freeze up and the water ran under the shingles causing leaking in the corridors and wards. We also had to keep the walks open. They were wooden and were very hard to scrape clean.

At Christmas time, one or two of my men and I used to go to gather about one hundred or more Christmas trees of different sizes, as well as a large one for the recreation hall. We used to go to the

Indian Reservation to get our own. We used to have some very cold times.

After a while a greenhouse, 120 by 60 feet, was built. We now had several places cleaned and ready for bedding plants. It made the work more interesting as it showed that we were making progress.

After the debris was cleared from the grounds in front of the hospital, the area was ploughed and for a few years used to grow potatoes, lettuce and other produce for the kitchen. This got the area clean and ready for a lawn.

In the meantime the Purchasing Office got in touch with the Oliver Hospital to see what they could offer to give us a start. They sent me a load of different shrubs and plants. Also the Indian Head (Saskatchewan) nursery was contacted and they sent a few hundred cuttings of elm, ash and other trees. By this time things were beginning to look good but one must remember this was after quite a few years of getting the place ready.

Mr. Stephens was a great help. He looked after the men outside while I was busy in the greenhouse. I was also friendly with gardeners at the Legislative Buildings. When I used to exhibit my flowers before coming to the Camsell they used to be judges so we were able to help each other with any seedlings we were short of. They gave us quite a number of potted plants. After clearing the greenhouse of the seedlings, and transferring them into the cold frames, I



John E. Ford, Gardener, in greenhouse with a bumper tomato crop, 1955.

planted about one hundred and forty tomato plants. When the tomatoes were ripe I used to take between twenty and twenty-five pounds to the kitchen each day. I remember that in 1955 I had 135 plants from which I gathered 87½ pounds of tomatoes. I have a photo of them growing.

After the season for tomatoes had finished I used to have the spare cuttings of the mums, and a few other plants from the Legislative Building greenhouses, so I was able to have flowers and plants for inside, in the dining room and a few other places. Archdeacon Clough used to visit me very often for something special for his Chapel.

It surely was interesting work. It gave me encour-

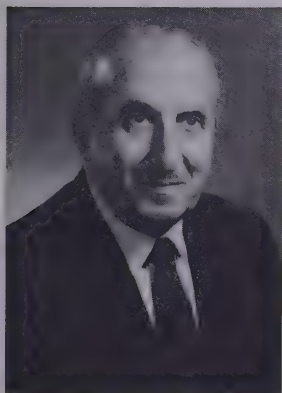
agement to keep doing more to make it all look better. When the time came to get ready for the new hospital, after I retired, I called at the Camsell to see how things were going. When I saw all of my fourteen years of hard work being torn up it tore at me. Still, they call it progress. Had I been there when they were taking the trees from the front, especially those lovely blue spruce, I would have insisted that they be used in front of the present hospital.

Still, I can walk down 128th Street and up to 130th Street where the units are, and see the elm and ash that I planted and the boulevards that I seeded. So I will be leaving a bit of my creation behind when I am gone.



"Outside sunshine; Inside rain!"

The Doctors



Dr. Herbert Meltzer.

Herbert Meltzer, M. D.

Compiled by his wife, D. Jean (Spencer) Meltzer

Dr. Herbert Meltzer was born on June 26th, 1906 in West Kildonan, Manitoba, which is now a part of Greater Winnipeg. His schooling was in the Winnipeg Public School system until his family moved to a dairy farm near Stony Mountain, Manitoba. He was the youngest and the only boy of a family of four. Their mother died when he was very young so his sisters looked after the household chores until their father remarried. Another sister and three brothers later appeared on the scene. After a disastrous fire in the barn, resulting in the loss of some one hundred head of cattle, the family returned to Winnipeg and young Herbert continued his education at St. John's High School.

He graduated from the University of Manitoba Medical School in 1929, which included one year of Undergraduate Internship* at the Winnipeg General Hospital. Upon graduation he joined the medical staff of the Manitoba Sanatorium at Ninette and worked there for two years. He then entered private practice at Baldur, Manitoba. Owing to the serious economic depression of the times, he returned to the medical staff at the Manitoba Sanatorium, Ninette in 1932 as senior resident.

In January of 1934 he proceeded to Seaview Hos-

pital, New York City, where he received post-graduate training and served as surgical resident in the Department of Thoracic Surgery. Following that period he also served a limited residency at the University of Michigan Hospital, Ann Arbor and at the University of Minnesota Hospital, Minneapolis. He resumed his staff appointment at Manitoba Sanatorium as Resident Surgeon in July 1935 and established a new department of Thoracic Surgery.

In the spring of 1941 he resigned to join the Royal Canadian Army Medical Corps. He remained in Canada until November when posted overseas to the British Isles and later to Belgium where he remained until August of 1945. He undertook various medical duties including terms as chief of the division of surgery No. 9 Canadian General Hospital in Horsham, England and later in No. 7 Canadian General Hospital in Bruges, Belgium until the end of the European War.

He was discharged from the RCAMC in November 1945 and was appointed the first Medical Director and Chief Surgeon at the Charles Camell Indian Hospital in Edmonton in December. At that time the hospital was undergoing the transition from a military hospital, and both military personnel and native people were treated side by side.

The next four years were devoted to setting up a first class hospital for the care and treatment of the native people of Alberta and residents of the Northwest Territories and the Yukon, with the primary target being the treatment and control of tuberculosis. He spared no effort in his endeavors.

In the early post-war years finding suitable staff and procuring supplies were both very difficult. Every day was a challenge and there were many frustrations to be overcome. Once the hospital was established, Dr. Meltzer realized that he could not do his best work within the confines of civil service regulations, and in January 1950 he entered private practice in Edmonton, in the field of thoracic surgery and chest diseases.

He maintained his association with the Charles Camshell Hospital, continuing as a consultant in thoracic surgery for the next twenty years. He had been appointed to the surgical teaching staff of the University of Alberta Hospital in 1946. In 1950 he applied for and received attending staff privileges at the University of Alberta Hospital and the Edmonton General Hospital and was given courtesy staff privileges at the Royal Alexandra and the Misericordia Hospitals.

In spite of a busy medical practice Dr. Meltzer found time to serve the community. He was President of the Crestwood Community League for two years and for six years was a Director of the Edmonton Council of Community Services, the last two as president of that group. He was also a Director of the Federation of Community Leagues for five years.

In the late 1950's Dr. Meltzer was concerned with the toll of lives taken by traffic accidents and served on a committee studying the "Medical Aspects of Traffic Accidents". In 1963 he attended a national committee meeting of the Canadian Medical Association on this topic.

Later in 1963 Dr. Meltzer turned his attention to a wider horizon and sought nomination as the federal Liberal candidate for the constituency of Edmonton West. He succeeded in winning the nomination and worked hard to win the opportunity to serve his constituents at the federal level. However, that was not to be and he returned to the practice of medicine on a full time basis.

After the advent of successful control of tuberculosis by medical means, much of the thoracic surgery performed by Dr. Meltzer was for the treatment of cancer of the lung, but all too frequently many cases proved to be inoperable. Convinced that smoking habits were directly related to the incidence of cancer of the lung, he was one of the first physicians to explore possible ways of changing this social habit. To this end he introduced an anti-smoking lecture and film presentation into thirty Edmonton junior high schools in the 1969-70 school year. In the following years this program was continued at various levels of intensity until, in January 1974, a controlled three-year research study was initiated to determine and evaluate the effectiveness of such an educational program in changing smoking behavior. This latter program entailed thirty-five lectures given by Dr. Meltzer in each of those three years and an uncounted number over the entire eight year period.

Although he enjoyed good health all his life, he gradually reduced his work load after 1978 but did not completely retire until April 1984 when ill health forced him to do so, fifty-five years after graduation.

He enjoyed golf and curling throughout his life

and in later years travelled extensively. He enjoyed his home, his family and his garden. Dr. and Mrs. Meltzer have one son, Robert, and a daughter, Dr. Sara Landsman.

Editor's Note: Dr. Meltzer passed away on February 2, 1985. It is very much regretted that he did not live to see the completion of this book. It was he who provided the spark to ignite the idea of writing our story. However, he was well enough to enjoy many of the contributions even though he was unable to write more than one brief article himself.

A memorial service was held on February 9. In his eulogy Dr. Samuel Hanson, a long time friend and professional associate, described Dr. Meltzer as a fighter who did not allow defeat to deter him from another goal.

The greatest tribute that could be paid him was the attendance at the service of so many of his former patients.

The Operating Room: Necessity Knows No Law

by Dr. Herb Meltzer

Even by 1945 standards the operating room was obviously totally inadequate for anything but very minor procedures. If we were to confront the problem of tuberculosis, we needed to perform major thoracic surgery.

Unfortunately, those who were required to authorize any major changes in the hospital were in Ottawa and somehow could not be convinced that something had to be done. As Medical Director I could only authorize the expenditure of \$50.00 per day for supplies for the hospital. We arranged to have the lumber yard deliver the materials needed to upgrade the operating room, and to invoice us at the rate of \$50.00 per day until the total cost was paid. Our own maintenance staff completed the work and finally we had an adequate facility for the work we had to do.



Major Theatre, Operating Room, 1946.

This method of procuring what we felt was essential to run the hospital worked so well in this instance that we expanded it to pay for supplies of bed linens, patients' pyjamas and other much-needed items.

By the time the authorities caught on to what we were doing, we had sufficient supplies to get going.

"The Boss's Secretary"

by Pat (Blanchfield) Duitman

Employed January 2, 1947 — December 1954. Transferred from Calgary where she had been secretary to the Inspector of Indian Affairs for fifteen years. Secretary to Dr. Meltzer, Medical Director, and later, Dr. W. L. Falconer.

The day the position of 'Secretary to the Medical Director of Charles Camsell Indian Hospital' was offered to me was a red-letter day in my career as a civil servant.

The proposed take-over of this hospital, to serve as a tuberculosis sanatorium and treatment centre for Indians and Eskimos, had been discussed at great length by both Indian agents and Indians. They were encouraged at the prospect of having such a hospital and rumor had it that the Medical Director, Dr. Herbert Meltzer, was one of the best chest surgeons in Canada.

I arrived at the hospital on January 2, 1947 and found that they were still in the throes of getting organized. The job was more difficult because of the shortage of funds forthcoming from Treasury after the War. Fortunately, Dr. Meltzer was very persistent in his requests for money. There were times when I was afraid my typewriter would burn up the page with the urgency of his demands! It was amusing to see how deftly he could justify his requests to the bureaucracy.

I worked in a very comfortable office located across from the X-ray department and close to the matron's office. My co-worker, Mrs. Roberta Gibbs, and I were kept very busy. It was a challenge to familiarize ourselves with medical terms and to cope with various situations that arose.

The staff doctors, matrons, X-ray and laboratory technicians, business manager, dietitian, and others beat a steady path to our door. I soon learned that discretion is, indeed, the better part of valor! I have often thought that the eruptions of Mt. St. Helen's were nothing compared to what could have happened if I had repeated some of the things that were unloaded on my shoulders.

Living in the nurses' quarters was an education in itself. Medical lingo flowed freely and, at first, most of it was beyond my comprehension. I discovered that "Doctors", whom I had always placed on a

pedestal, were actually quite human! It was not long before I could join in the conversation with ease — but, I might add, "with tongue in cheek".

Every day presented a new challenge at the office but, with a great deal of luck, we managed to cope with each situation that arose. Doctor Meltzer could adapt to a sudden unexpected situation with alacrity. He would return to the office from surgery looking forward to a relatively free day, only to find that the contractors had picked this day to show him their plans for new equipment for the kitchen, or a service club had dropped in to offer a program to visit the patients, or a message had just been received from Spence Bay advising of the arrival that evening of a plane load of Eskimos. He would deal with each matter in turn. All the while he was dropping on my desk red-pencilled notes about totally unrelated items. I learned to have a healthy respect for the red pencil, as did all the members of staff who received such notes penned by "H.M."

My heart was in my mouth a few times when "H.M." got fed up with the establishment. It was a regular occurrence for him to write a blistering letter of resignation. I dutifully typed each one and, with my fingers crossed, mailed them to the bottom drawer of the desk, only to be faced the next morning with the question, "Miss Blanchfield, did you mail that letter to Percy (Moore)?" I knew my fate was in the balance but, as I handed him the letter, he would breathe a sigh of relief and say, "Thank God". With renewed vigor we took up where we had left off.

We had many interesting visitors through the years, ranging from senior officials of Indian Health Services and other federal departments to well-known entertainers, athletes, writers and artists who would visit the patients to brighten their day. Frequently it was our privilege to arrange for someone to conduct the visitors through the hospital. This was a most interesting part of the work as the boss's secretary.

Taking notes at medical conferences or at the reading of X-ray films was very interesting. It was there that decisions were made as to who should be admitted to Camsell for treatment, or discharged, or booked for surgery. After the conference it was my responsibility to notify the Indian agents concerned and arrange for transportation for outgoing patients. I had to advise of persons to be admitted and of those booked for surgery. We received excellent cooperation from the Indian agents and the public health nurses in these matters. In the province transportation of the incoming patients was arranged by the agents. In the north we depended on the RCAF or CPA, depending on location, to fly people to Edmon-



Mother and Child, Western Arctic.

ton. The Royal Canadian Signal Corps was our means of communication with the north.

I recall one occasion when we received word that a plane load of Eskimos was being flown in from Spence Bay. They were suffering from complications following an influenza epidemic. The RCAF plane arrived late at night. It was quite an experience admitting these very ill, but still smiling, Eskimos who gazed around in bewilderment. I remember one woman who arrived with a child on her shoulders, under her parka. The only sign of the child was a green toque with a huge pom-pom which appeared above the parka. The woman wriggled around and went through all sorts of contortions. She finally bent over and out popped the child wearing nothing but the little green toque!

It was inevitable with all the activity at the hospital, including admissions, discharges and surgery, that our department in Ottawa would require reports each month. It was my duty to compile these.

I enjoyed the challenge of being the boss's secretary at Charles Camsell Indian Hospital. It meant that I could continue my association with the Indian people, and it introduced me to the Eskimos. Also it gave



Visitors at the Camsell. L. to R.: Dr. W. Falconer, Dr. C. Corrigan, Mrs. L. Massey, His Excellency, The Rt. Hon. Vincent Massey, Miss I. Middleton, Miss E. Taylor, Miss D. Graham, Indian boys Ward 8, 1952.



Eskimo patients arriving for admission to hospital.

me an opportunity to become aware of the medical problems which arose and how well the staff at Cam-sell coped with them.

I can truthfully say that I wouldn't have missed the experience for the world!

The Guest Register

We had a Guest Register in which many of our visitors signed their names. The first entry, on October 21, 1946, is that of Lady Clutterbuck, Earnscliffe, Ottawa. Other signatures include the Honourable Paul Martin, Minister of National Health and Welfare, Ottawa, on October 27, 1947; Dr. R. S. Ferguson, Superintendent, Fort San, Fort Qu'Appelle, Saskatchewan (a leader in TB control in Canada); the Honourable Milton Gregg, Minister of Veterans Affairs, Ottawa; George Frederick, Archbishop of Nova Scotia and Primate of all Canada, Halifax, N.S.; on December 20, 1949 the chiefs of the four bands at Hobbema, Chief James Crane, Samson; Chief Dan Minde, Ermineskin; Chief Francis Bull, Louis Bull; and Chief John Bear, Montana; Jakshmi Rao, a doctor, Christian Medical College, Ludhiana (E. Punjab) India; and on October 25, 1952 The Right Honourable Vincent Massey, Governor General of Canada. The last visitors from out of the country to sign this particular register were: Sir Geoffrey Keynes, Royal College of Surgeons of England and G. A. Ademola, Health Department, Lagos, Nigeria who visited the hospital on May 26, 1958.

To Bed With A Mistaken Identity contributed by Pat Duitman

Usually things went smoothly when admitting patients, but I remember an amusing case of mis-

taken identity. An incoming patient, Mrs. T — , was processed through the Admitting Office, given her admission form and seated in the waiting room to await the nurse who was to take her to Ward 4. In the meantime, another woman of the same name had arrived and was in the waiting room. When the nurse came and called for Mrs. T — , the second arrival went with her. The lady was given a bath, a hospital gown and put to bed. Before the nurse left the room, she asked, "Nurse, is it alright if I visit my husband now?" At this point the nurse, who shall be nameless, rushed out to rectify the mistake.

My Recollections

by Dr. Matt Matas (as told to Kay Dier)

In 1946 prior to the admission of many Indians and Eskimos to the Edmonton Military or Jesuit College Hospital, I was involved in demobilizing one hundred military patients to civilian status. This involved a tremendous amount of documentation. During that period there were no other medical personnel. Dr. Herb Meltzer was heavily involved in demobilizing the staff to civilian status. It is a marked understatement to say that he endured a lot of headaches. At that time the head of the military hospital was still present and Herb received no cooperation whatsoever.

The inventory of all goods, including sheets, towels, pillow slips and other items was depleted. Dr. Meltzer had to chase all over to warehouses to get equipment and supplies. There was a shortage of white goods and, believe it or not, we had to ration toilet paper!

Due to the shortage of medical staff we spent long hours, including Sundays, keeping up with reading X-rays for hospital patients and the survey films.

Herb Meltzer, for me, epitomizes the Charles Cam-sell Hospital, not only because he was the first medical director, had vast experience in the field of pulmonary tuberculosis and thoracic surgery, was an excellent administrator but also because of his philosophy of the importance of human relationships between doctor, patient and staff. At conferences with patients upon admission, during hospitalization and on discharge, they were shown the pertinent X-ray films and necessary explanations were given. All doctors had to attend the conferences, as did head nurses, teachers, orderlies and other staff members involved in patient care.

There is no question that H.M. was a dynamic person with tremendous drive; a perfectionist and a highly motivated one. He was always ready for suggested changes and happy to innovate. He was a stickler for good discipline. He was a unique individualist and an interesting one.

Dr. Meltzer was an excellent teacher and tutored all of us in the interpretation of chest X-rays including the 70 mm film. He taught us how to fluoroscope and to carry out the pneumothorax and the pneumoperitoneum procedures. Dr. Tom Orford had considerable experience in reading chest X-rays when he arrived at Camsell but the rest of us, in the early days, were sadly lacking.

Doctors Margaret and Bill Barclay, an outstanding team, had recently graduated from the University of Alberta and were the first to join the medical staff. Bill was an outgoing individual, very progressive and innovative. We ordered special respiratory physiology equipment for a project he was contemplating but his plans changed and he went to Chicago with his wife Margaret in August 1947 to continue studies. They returned in 1949. He had a good knowledge of TB and internal medicine and later became a noted specialist and editor of the *Journal of the American Medical Assn.* Margaret specialized in Anesthesiology.

Dr. Porth was the fifth doctor to join the team. He came in 1946 and was a graduate of the University of Manitoba. Porth was hard working and created an interesting museum of pathological specimens of TB of various organs of the body. During changes in the old hospital, space became much in demand and, to my dismay, all the specimens were destroyed.

Tom Orford was at Camsell Hospital from November 1947 to 1957. With a majestic reddish beard at a period in time when clean-shaven faces and crew cuts were the order of the day and with an entourage of his vivacious wife, four beautiful girls and two huge female dogs, he made a real impact! Tom was an incisive individual who inspired loyalty and affection. He had the uncanny ability to cope quietly with antagonism and to work with all types of staff. I feel certain he could walk with kings but never lose the common touch. Tom had a special sense of responsibility to our native people. In addition to being a good general practitioner he was very knowledgeable about all aspects of tuberculosis, including the interpretation of chest X-rays. Also, he was an able administrator.

At Miss Elva Taylor's farewell party one cynical sophisticated young doctor came up to me and said about Tom — "I love that guy". I am certain that everyone loved that guy!

About the same time another couple joined the staff, Doctors Violet and Herman Meyers. They were both graduates of the University of Alberta. Herman later completed his Fellowship in Surgery and Violet went to Alberta Hospital where she was in charge of treating the tuberculosis patients.

This was the complete medical staff of the hospital in 1947. Of course there was Dr. Joe Riopel who was responsible for the Edmonton Agency. Dr. Truesdell in Fort Simpson, who also acted as the Indian Agent, came out in June 1948 for his first holiday in eleven years. Later he joined the staff.

The medical conferences evolved slowly from the beginning as the staff was augmented. These and the staff meetings, which Dr. Meltzer inaugurated and which the other directors followed, were the essence of Camsell. There was not only progress in medical programs but also in nursing and other areas and the doctors, from the very beginning, gave lectures to the staff regarding tuberculosis and its treatment.

The Charles Camsell worked closely with other government agencies. For example, medical staff members took part in Emergency Measures Organization by drawing up an emergency plan and taking part in periodic exercises which were held in Penhold. We also worked cooperatively with provincial health authorities, especially the late Dr. Donovan Ross, then the Minister of Health, and his Deputy, Dr. Pat Rose. Combined trips of provincial and federal staff were made to the reserves, and Métis colonies, such as Fort Chip, Atigameg and Wabasca, so the whole population could be served. Dr. Ross, ever the physician, arranged for help in the examination of school children and adults on the reserves. We then helped his staff with the Métis and non-natives.

Two emergency situations come to mind. One was the polio epidemic in 1953 when a number of our staff went to assist at the Isolation Hospital at the Royal Alexandra Hospital. The other was during the Hungarian Revolution in 1954 when plane loads of refugees escaped to Canada. As immigration is a federal responsibility the Camsell medical staff was involved in examining the refugees both day and night. Of course there were some city doctors also involved. There were so many refugees, the examinations had to be quick and cursory. However, some serious problems were discovered including uncovering some firearms! A number of people had to be sent to hospital and a few, with TB, were admitted to Camsell. Even Dr. Harry Procter, the Associate Director, came from Ottawa and did some screening. Interpreters were provided by the local Hungarian Society and were particularly helpful in diagnosing diseases. It was a busy interlude for most of our staff.

During my period as Medical Director and subsequently as the Regional Director, the greatest pleasure I received was in developing a close and long association between the Charles Camsell Hospital and the University of Alberta Faculty of Medicine. I consider this as one of the highlights of my career.



Discharge conference for patient Ben Oginon, 1954. From L. to R.: Drs. Iwanec, McCormack, Reid, Orford, Rath, Fred Dew, Dr. Zalesky, Pat Blanchfield, Drs. Kuczer, Jarman, Greenidge, Ben Oginon, Dr. Matas.

The clinical teaching of the medical students, the involvement of interns and residents, the cooperation of the various heads of departments were of real benefit to the Camsell Hospital staff and to the patients.

It is to the credit of Camsell that many noted consultants, who were genuinely concerned about ensuring the best possible care for native patients, have been associated with the hospital over the years. Some of the early ones included:

Dr. Walter Mackenzie	General Surgery (later Dean of Medicine)
Dr. O. Rostrup	Orthopedics
Dr. Marshall	Ophthalmologist
Dr. E. Hitchin	Plastic Surgery
Dr. R. Vant	Obstetrics
Dr. J. Calder	Pediatrics
Dr. H. Hepburn	Neurosurgery
Dr. Guy Morton	Neurosurgery
Dr. G. Tucker	Genitourinary
Dr. F. Ellis	Genitourinary
Dr. Sam Hanson	Pathologist
Dr. Learmouth	Anesthetist

I should mention the other three medical directors besides Herb Meltzer and myself: Lynn Falconer who preceded me, and Gordon Gray, my successor, was followed by Tom Orford.

Dr. Lynn Falconer, prior to his appointment as

Medical Superintendent, was attached to the Indian Health Services Directorate in Ottawa. He was actively involved in obtaining equipment from Army Surplus Stores in B.C., Yukon and the Northwest Territories as well as visiting the hospitals in these areas. Thus he was very knowledgeable in the various areas in the north.

He was interested not only in medical staff but also in the other staff members, both when he was the medical director, and subsequently as the regional superintendent. The promotion of good relationships between staff and patients as well as concern for the professional development of the total staff were given high priority. His office door was open to anyone with a problem.

Dr. Gordon C. Gray was an excellent orthopedic surgeon. What I admired most about Gordon was how very much he liked his patients. His special interest in them knew no bounds and he was especially fond of the children. He was meticulous about his administrative duties and responsibilities.

The community and social life at the Camsell Hospital was that of a closely knit society due to the fact that many of the staff lived in the residences close by. Gordon Gray was a social hit because of his piano playing and his arrival in a tuxedo, a formal white tie, and top hat — a stunning appearance!

I have many fond memories of patients and staff.

First Years at the Camsell Hospital by Drs. William R. and Margaret Barclay

William R. Barclay, M.D. — *Medical staff, Charles Camsell 1946-1947 and 1949-1951; 1951-1957 Assistant Professor of Medicine, University of Chicago; 1957-1970 Associate, and in 1961, Full Professor of Medicine at the University of Chicago; 1970 — Joined the staff of the American Medical Association as Director of Scientific Activities. 1971 — appointed Assistant Executive Vice-President responsible for scientific, educational and publishing activities; 1976 — Editor of the Journal of the American Medical Association; 1982 — retired.*

Margaret Barclay, M.D. — *Medical staff, Charles Camsell 1946-1947 and 1949-1951; 1952-1955 Assistant Professor, Department of Surgery, University of Chicago; 1956-1963 Private practice of anesthesia in Chicago; 1963-1971 Associate Professor, Department of Surgery, University of Chicago; 1971-1980 Head of Anesthesia Service and Intensive Care Unit at Edward Hospital, Naperville, Illinois.*

Barclays are now living in Hilton Head, South Carolina.

It was a military hospital sprawling along St. Albert Trail on the outskirts of Edmonton. One and two storey redwood buildings were connected by long corridors to an old brick school building, remodelled, first as an administration centre for the Alcan Highway, then into a military hospital to provide care for veterans discharged from service with TB, as well as for service personnel during World War II.

The end of the war rapidly reduced the need for military hospital beds, especially in those facilities built to be temporary. However, a new and very urgent medical need had become apparent. Canada's Indians and Eskimos were suffering from high rates of tuberculosis. Little medical attention had been given to them during the war and this neglect had now produced a crisis. The Edmonton Military Hospital was transferred to the Indian Health Services to serve as a Tuberculosis Sanatorium for native peoples in Alberta, the Yukon and Northwest Territories and for veterans in Alberta with tuberculosis.

Dr. Percy Moore of Ottawa appointed Dr. Herbert Meltzer as Medical Director of this sanatorium unit, later named in honor of Charles Camsell. Dr. Meltzer's mandate was an awesome one: to eradicate tuberculosis from the Indians and Eskimos living in an area half the size of Canada. He was given unprecedented authority for a civil service physician and he proved to be the right choice for the job. His first task was to recruit a staff. He brought with him an old friend, Dr. Matthew Matas, an internist and a

Major just released from the RCAMC. He recruited Dr. Margaret Barclay, a Captain on the staff of the Edmonton Military Hospital and she recruited her husband William Barclay from the RCAMC in Calgary. These four physicians constituted the original medical staff. Herb Meltzer was an expert in the diagnosis and treatment of tuberculosis. Dr. Meltzer also recruited a splendid corps of nurses, most of whom were being discharged from the army. He, an ex-army major, continued to run the Charles Camsell Hospital with the same discipline and chain of command as an army hospital. Mobile chest X-ray survey teams were sent out to make a massive sweep from the U.S. border to the Arctic Ocean and from Alaska to Hudson Bay. The films were sent back to the Camsell for interpretation, and by Christmas 1947, almost 400 beds were occupied by patients with tuberculosis.

Herb Meltzer wore many hats: He was hospital administrator, chief of staff, radiologist and surgeon. His day usually began at 7:00 a.m. and seldom finished before 10:00 p.m. He expected his three associates to work as hard as he did and they tried their best to follow his example. Two or three nights a week from 7:00 until 10:00 p.m. they read X-ray survey films projected onto a screen. It was a wonderful educational experience and under Herb's tutelage they became quite expert in interpreting chest films.

The people who made up the original Camsell staff became a closely knit group, almost like a family, for most lived on the hospital grounds in the same type of buildings that housed the patients. They ate many of their meals together in the staff dining room and participated in staff social activities. In many respects they were as isolated from the outside world as were the patients.



L. to R.: Dr. H. Meltzer, Dr. E. Jarman, Miss P. Hall, Dr. S. Kuczer, Miss E. Loader. Front: Dr. N. Zalesky, February 4, 1954. (Credit: Provincial Archives of Alberta, Blyth Collection BL 215211).

Miss Hall, the Operating Room Supervisor, was a thin rather grim-faced spinster who wore blue army dress and ran the operating room with military precision and discipline. She adored Herb Meltzer and catered to his every whim. She tolerated Matt and the Barclays and intimidated every young nurse assigned to assist her. She worked long hours without complaint and was the best O.R. Supervisor with whom I ever had the pleasure of working.

The first matron was also an ex-army nurse, dedicated to making the new sanatorium a model of efficiency and care, in spite of the fact that the staff was totally new and inexperienced. She, like so many of the other women on the staff, was vicariously in love with Herb Meltzer, and I am sure that most of the female staff suffered pangs of jealousy when Dr. Meltzer married Jean.

Dr. Matas, whom everyone referred to as Matt, was the kindest person whom I have ever known. He was more concerned with the patient than he was with the disease. Patients followed Meltzer's orders out of respect and fear, they followed Matt's wishes out of love.

The school teaching staff was a very important unit. It was headed by Mrs. Kerans with Mrs. Grantham assisting. They gave lessons through all twelve grades not only to the children, but also to many of the adults. The medical staff tried to deal with the patients' present problem, the teachers tried to prepare them to deal with the future.

The X-Ray Department was headed by Ed Tucker, a bright, skilled and charming rascal who produced excellent films, treated patients with careful concern, but who was in constant conflict with Herb Meltzer. The tensions between them eventually reached the point where Ed resigned. He was replaced by his assistant, Don Harkness, who was also very competent, had a less dominating personality and ran the department for several years.

When the occasion demanded, Dr. Rostrup and Dr. Walter Mackenzie came over from the University Hospital to perform surgery. The Camsell patients had the best consultation service available from the university staff, and, in return, provided to that staff a rich clinical experience.

By the end of the first year we were joined by Drs. Frank Porth and Tom Orford. This made the medical load much more manageable. During the first year Dr. Wm. Barclay did most of the autopsies, of which there were many, for we admitted many very seriously ill patients and had no really effective treatment. When Frank Porth arrived he started a pathology museum of gross specimens that showed tuberculosis in all its many forms. Frank was a scholarly person who took nothing for granted and I be-

lieve that he was often troubled by the measures we took to treat patients with little or no evidence as to their effectiveness. Tom Orford was a wonderful physician and the most cheerful member of the staff. He had a wonderful smile and he never was too busy to give help and advice. His long experience working with the Eskimos made him especially sensitive to their needs and their problems. He understood our native patients better than did the rest of us as he also had spent several years working with the Indians at James Bay in northern Ontario. He was a very knowledgeable and skillful physician. It was a great privilege to know and work with him.

It is impossible to mention everyone who made a contribution to those early years at the Camsell, but I would be remiss if I did not give praise to the Hospital Engineer, Mr. Roberts. Not only did he keep our heating plant going under severe conditions, he also constructed apparatus for the X-Ray Department, for patient therapy and for whomever wanted a gadget.

When the Camsell first opened there were no drugs available for the treatment of tuberculosis. Bed rest, surgical collapse of the lung, and fixation of joints by plaster made up our therapeutic armamentarium. We employed these treatments more on blind faith and trust than on any scientific evidence that they were effective. Rest was the cornerstone of therapy and it was rigorously enforced through six routines of activity. Routine "1" was total bed rest and the patient barely moved, even to feed himself. Routines were changed as Meltzer judged the disease to be improving or worsening, and the patients' hopes rose and fell as they either moved up or down the activity scale. With no television, few radios and many of the patients unable to read and hospitalized far away from home and friends, it was a cruel existence.

Surgical treatments, performed under local anesthesia, consisted of: thoracoplasty, pneumothorax, pneumoperitoneum and phrenic nerve crush. Thoracoplasty was a painful and deforming procedure and, although Herb was highly skilled in the use of local anesthesia, only Matt's kind and gentle manner, as he sat by the patient's head, made the procedure tolerable. Pneumothorax fills were given twice a week to as many as fifty patients at a session. Herb fluoroscoped the patients and Matt, Margaret and I did the treatments with Miss Hall running the whole show with production line efficiency.

We had so many orthopedic cases that Margaret and I spent most of our afternoons applying plaster casts. It was not entirely a pleasant task since the old casts that we first had to remove were often filled with stench of suppurating fistulae. The children resented being immobilized and did their best to prevent us



Dr. H. Meltzer fluoroscoping Robert Onespot from Sarcee Reserve, 1950. (Credit: National Film Board, Public Archives of Canada, PA-139316).

from applying a cast from which they couldn't subsequently wiggle free.

The most heartbreaking chore was intrathecal streptomycin rounds. When first made available, streptomycin was scarce and expensive, and we had no clear direction as how best to use it. Since tuberculosis meningitis was uniformly a fatal disease, we used our scarce new drug for its treatment. We gave the drug both intrathecally as well as intramuscularly, and Margaret and I made regular rounds to inject the drug through a spinal tap to the children who dreaded the whole procedure. Since the tubercle bacillus developed resistance to the drug, we saved very few of those early cases. Not until we had a second drug, PAS, did meningitis yield to treatment.

Many of the children suffered from scrofula, tuberculosis affecting the skin over the neck, and under which were tuberculous lymph nodes. We soon learned that tuberculosis could affect every part of the body. Every joint in the body: hip, knee, ankle, wrist, spine, shoulder; none were immune. Kidney, bowel, brain, breast, eye, skin: wherever you looked you could eventually find it. A specialist in the field of TB had to be a generalist in so far as medicine was concerned.

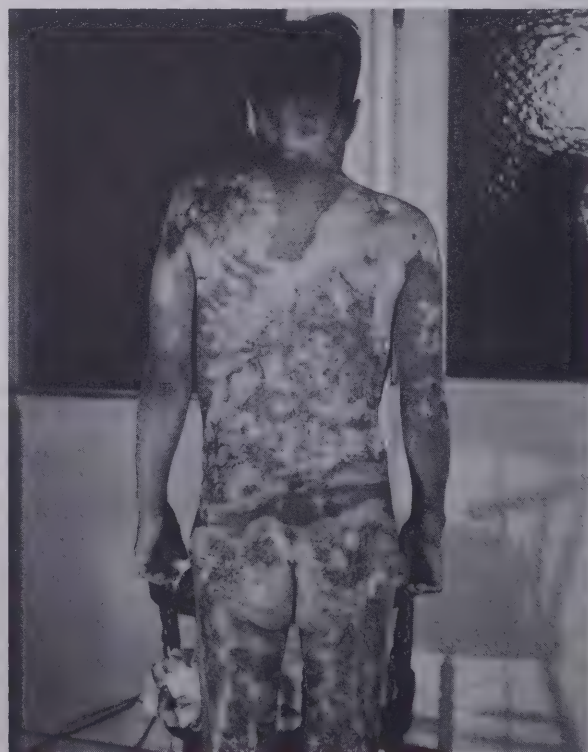
The Camsell treated problems other than tuberculosis. Margaret equipped a delivery room to serve patients as well as Indian women from the local reserves who were pregnant. She was excited when she admitted her first patient for delivery, but to her chagrin the woman refused to lie down on the table and be put up in stirrups. Instead, she squatted on the table and delivered the baby in the way women had done for thousands of years before modern obstetrics.

Newborn babies required a nursery. A room was converted for this purpose and it became the show place of the hospital with its row of bassinets, bright red blankets and lovely little dark eyed inhabitants.

Patients reacted quite individually to hospitalization. The Eskimo women were a gay and happy group. They were deeply religious, followed Sunday morning church services on the radio with their hymn books and would often sing. Many of the Indian women were silent and withdrawn and filled much of their day by sewing and doing other handicrafts. Some patients seemed resigned to their fate and lay on their backs staring at the ceiling by the hour; others were in constant rebellion against the rest regimes and made a game of breaking the rules.

The Camsell's first Christmas was an exciting event. The staff planned for weeks in advance and Edmonton community groups donated presents for the children. Patients made gifts for each other. On Christmas morning a roly-poly Santa Claus pulled a cart loaded with presents from ward to ward. Herb Meltzer insisted that he and his colleagues shake hands with, and wish every patient a Merry Christmas. This subsequently became a tradition.

The Camsell and other sanatoria like it are now only a memory. Tuberculosis is no longer the number one killer and chemotherapy has rendered obsolete bed rest and surgical collapse. No modern hospital engenders the 'esprit de corps' of the staff nor the close physician-patient relationship that existed in a TB sanatorium, but that has been a small price to pay for the defeat of tuberculosis.



Donald Ayalik, Coppermine, N.W.T., February 1948.

Addendum:

In my recollections of the Camsell, I should mention the young Eskimo boy, Donald Ayalik, who was so badly burned over 75 per cent of his body. He made an heroic but futile attempt to rescue his stepfather, Skipper Patsy Klengenber, after an explosion on the motor schooner, Aklavik, in Cambridge Bay, August 31, 1946. He suffered these burns when holding his younger sister over the side of the boat to save her life.

The Camsell engineering and maintenance staff made a large wedge-shaped tub from galvanized sheet metal, so we could submerge Donald up to his neck in a normal saline solution.

Herb, Margaret and I spent many hours placing pinch grafts, from what little skin he had left, onto the burned areas. He developed tendon contractures that had to be surgically corrected and he suffered multiple setbacks from infections. I never met anyone before or since with the courage that he displayed. We will never forget him.

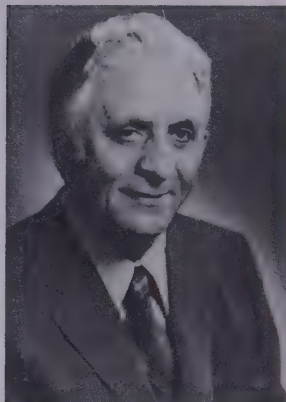
Matthew Matas, M.D.

Dr. Matthew Matas was born in Odessa, Russia on July 21, 1901. He immigrated to Canada in 1904 with his parents, who subsequently moved to California in 1919. Matt, however, remained in Winnipeg to complete his schooling and to take his first two years in medicine at the University of Manitoba. He moved to Edmonton in 1924 to complete his final two years in the new medical program at the University of Alberta. In 1926 he was one of seventeen to graduate in the second class of the Faculty of Medicine.

After graduation, Dr. Matas interned at the Deaconess Hospital in Spokane, Washington and, in 1928, went to Berwyn, Alberta to practice. He disappointed the local nurses when he met and married a school teacher from Peace River, Violet Lillian Morris. Matt and Vi have three children: Dick, Brenda and Jamie.

It was in the Peace River country that Matt had his first involvement with Indian health as he was responsible for the Duncan Reserve, which he recalls was under a very able Chief with the unlikely name of Testovitch! At that time Indian women traditionally delivered their babies at home. On one occasion some serious complications arose and in order to admit the woman to the hospital, the Chief's wife, the woman's children, and the family dog curled up comfortably under the examination table, had to be present in the room. In view of the modern emphasis on family involvement in "birthing", this was a very progressive approach indeed!

Dr. Matas joined the Royal Canadian Army Med-



Dr. Matthew Matas.

ical Corps in 1941 and served until 1946. He was posted to military hospitals in Red Deer, Calgary, Camrose and to No. 9 Canadian General in Horsham, England.

Upon discharge in 1946 Dr. Matas opted to join the federal medical services with Dr. Meltzer, whom he had known in the army. After serving as a Senior Medical Officer from 1946 to 1954, in the Charles Camsell Indian Hospital, he was named Medical Director and served in this position until 1962.

Dr. Matas then moved into the position of Associate Regional Director, Foothills Region. In 1963 he became Regional Director and remained in this position until his retirement in 1967.

But this was only a slight pause, not the end of his career. From 1967 until 1972 Dr. Matas was Senior Assistant to the Chest Consultant, Northern Region, Medical Services, thus putting his skills in interpreting X-rays to good use. From 1973 to 1984 he was an instructor in the Northern Nurse Practitioner Program at the University of Alberta. He taught the students health assessment and management of common ailments in order to improve their skill in caring for people in the north. Much of the clinical experience was done at the Charles Camsell Hospital which Dr. Matas had helped to establish so many years before. Of this program he wrote "I enjoyed teaching. I was recruited to the position by Kay Dier, a former Camsell nurse. Being fully aware of the health problems of the residents of the far north, I found it gratifying to be part of the team of the Faculty of Medicine involved in this program. All students came from isolated nursing stations so the development and upgrading of their skills should have been most beneficial to these communities."

During his career Dr. Matas was actively involved in teaching and held a number of appointments at the University of Alberta, Faculty of Medicine. He was actively involved in various professional associations including the American Col-

lege of Chest Physicians, the Canadian Rehabilitation Association and the Canadian and Alberta Thoracic Societies. Dr. Matas has been the recipient of numerous awards and honors.

Dr. Matas was recognized as an expert clinician and TB specialist and published a number of articles. He encouraged research and was one of a group of physicians who did early trials on PAS, a drug used for the treatment of tuberculosis. Yet he was able to view health in a broader context and, while still Medical Director, he actively supported the establishment of the Enoch Band Health Committee, on the Stony Plain Indian Reserve. This was a vision of the future when native people would assume responsibility for their own health care.

As a person Dr. Matas is characterized by a basic humility and a genuine concern for others. He was dedicated to excellence in patient care. In a letter written after Matt's retirement, Dr. Otto Rath, Regional Director for the Prairie Region, summarized it well when he said, "Your kindness, tolerance and understanding nature will long be remembered by all the staff who have worked with you." (January 22, 1968).

Gordon C. Gray, M.D.

Dr. Gordon C. Gray, eldest son of Dr. Gordon Gray, was born August 1, 1913 at Caron, Saskatchewan. When he was a young boy the family moved to



Dr. Gordon C. Gray.

Edmonton. He attended the University of Toronto graduating in medicine in 1940. The following is taken from a speech given by Dr. E. Romanowski at the farewell gathering for Dr. Gray held on July 24, 1968 at the hospital:

"In 1941, while serving with the Canadian Armed Forces, he was posted overseas to Hong Kong. The country was overrun by the enemy around Christmas of 1941 and all of our service personnel were taken prisoner. More than three years elapsed before Dr. Gray returned to Canada. It is worthwhile

to mention that the present Deputy Minister of Health (Canada), Dr. John Crawford, shared with Dr. Gray the same inconveniences and hardships of a brutal war in a faraway country."

On his return Dr. Gray spent the first year, 1946, doing general surgery at the Hospital for Sick Children in Toronto. From 1947 to early 1951 he worked at Christie Street Hospital, Sunnybrook and Toronto General. He became a member of the medical staff at Charles Camsell Hospital in April 1951 and in 1952 obtained his certification in orthopedic surgery.

Dr. Gray continued as orthopedic surgeon until several months after he was appointed Medical Superintendent of Charles Camsell in 1962. He was a perfectionist which was a great asset to his patients. The Indians and Eskimos were his favorites, especially the children. He had great admiration for the ingenuity of the native people in solving their orthopedic problems and in designing prostheses, crutches and canes for themselves. He had planned to write about some of the more interesting cases for inclusion in this publication but, sadly, this was not to be.

Suggestions for improvement of patient care were always important to Gordon Gray. One of the former DVA patients, Jerry Ganton, was the father of a young son in a plaster of Paris cast with congenital hip disease. It occurred to Jerry that a creeper, like those used by auto mechanics, might provide an easy way for his boy to be fairly mobile and independent. He tried one and it worked. When Dr. Gray was told this story he arranged with the ever-versatile maintenance department to make enough creepers for his young hip patients who were in casts. The staff had to be alert to avoid collisions, but the children enjoyed their mobility on their over-sized skate boards.



Young orthopedic patients on Ward 6. Staff, from left: Mrs. M. Bowen, Dr. G. Gray, Mrs. S. Imeson. (Credit: Provincial Archives of Alberta, Blyth Collection BL 221311).

In January 1962 Dr. Gray accepted the position of medical superintendent of the hospital. He was meticulous in his approach to this position and often found bureaucratic regulations frustrating. Nonetheless he gave his best during his years of service. It was during this time that the new hospital was constructed and opened. The new building was a source of pride to him.

In the autumn of 1968 he became Consultant in Orthopedics for the Workmen's Compensation Board in Edmonton. He retired from this position in 1978.

Photography was one of Dr. Gray's interests. He had many beautiful color slides which he had taken while on survey trips to check for congenital hip disease in children and other orthopedic problems of the native population. For a farewell gift he was given a Nikon Super 8 movie camera. A member of the Audobon Society, he also was a keen and knowledgeable bird watcher.

Dr. Gray passed away August 16, 1984 at the age of seventy-one.

The Interesting Orthopedic Service

Dr. Gordon Gray who was in charge of the orthopedic service for over ten years encountered some sad and fascinating problems among his many patients. Over the years he collected the prostheses that several of the Indian and Eskimo men had created for themselves. This collection is located in the hospital. A few of these have been photographed by Irene Powell of the hospital staff. The captions are a summary of information that Dr. Gray had compiled about each one.

Other information included is courtesy of the Edmonton Journal.

Unique Artificial Limbs Show Native Ingenuity

(From Edmonton Journal, 1962)

An artificial limb with attachable snowshoe, made by an Indian in the far north who had probably never encountered an artificial limb before making his own, was one of a number of exhibits on display at the Charles Camsell Indian Hospital last week.

The limb was carved out of a single piece of birch and held in place by thongs and the wearer's belt to replace a lower limb rendered immobile by an accident.

According to Dr. G. C. Gray, medical superintendent at the hospital, the limb was so successful that the Indian used it to travel his trapline for 24



Carved from a single piece of birch by a man from Fort Norman, N.W.T., following a below knee amputation in 1926. He used this 'limb' for 24 years and became the most proficient trapper in his area.

years and with it became the most proficient hunter in his area. Much persuasion was required to convince the wearer to trade it for a professional model last fall.

An old Crow Indian living near the Alaska border had a lower leg amputated in 1926. His village took up a collection and bought him an artificial limb which he used for many years, fixing it himself each time something wore out.

When the Indian arrived at the hospital recently to have a new leg fitted, the hospital found that the original limb had of necessity been completely replaced. Instead of the regular metal construction, the medical staff discovered a leg built mainly of a carved stump, with an oil tin for knee sockets, all held together by nails, iron bars, felt, shoe laces and sinews.



Lower leg limb, originally purchased in 1926, belonged to an Indian from Old Crow, Yukon. For 33 years he repaired it himself. He was admitted to the Charles Camsell in 1959 for a replacement.



This prosthesis was made by a patient who had been issued a peg leg by Deer Lodge Hospital, Winnipeg, but found it to be of no use in the snow. He designed his own articulated ankle joint, 1953.

One Eskimo came south and was fitted with the latest type of limb, which solved all his former difficulties — until he arrived back home. He found that the limb, which had the regular peg-type bottom, would not navigate the snow but kept breaking through the crust, dumping him.

The Eskimo immediately set to work and furnished his own foot on the bottom of the limb. The foot was fitted with a polar bearskin mukluk and was constructed with a specially designed articulated ankle, resulting in a foot so life-like that even the doctors haven't been able to figure out the operating principles.

All the limbs belong to Dr. Gray who collects them to demonstrate the ingenuity of northern natives. He said he often feels it is better to let some patients remain with their self-made limbs in their own areas rather than bring them to civilization on an expensive trip which they don't like.

A Happy Eskimo (From the Edmonton Journal)

Pallak Pooahlookak, an elderly Eskimo from the Back River area, N.W.T., is a happy man. A patient in the Charles Camsell Hospital, Pallak has been fitted with a new artificial limb to replace the one he sacrificed while on a hunting trip. The Eskimo, as a young man, amputated his left leg below the knee and fashioned himself a new limb from three pieces of driftwood and some leather. A sudden storm stranded Pallak and his family far from camp, and he used his wooden leg to make a fire to melt snow. The new limb is of wood and rubber construction. It has a rubber-padded foot to make walking easier.

Ayorama

Dr. Rostrup recalled the story of an Eskimo who was sound asleep lying on the ground at a worksite in the Arctic. The man operating a bulldozer unknowingly drove his big machine over the sleeping man. Needless to say, the evacuation of the injured man to Edmonton by plane was promptly actioned. Dr. Gray alerted Dr. Rostrup and requested that he be

available to come to the Camsell as soon as the patient arrived.

Eventually Dr. Rostrup received another telephone call from Dr. Gray to advise that an ambulance had been sent to meet the plane but the man was not among the Eskimo passengers who had arrived for admission.

Imagine the amazement of the two orthopedic specialists when they discovered that the injured man had flown to Edmonton in a sitting position, walked off the plane, had been admitted with the other patients and was found on the ward carrying a tray. Through an interpreter, it was learned that the man was not complaining of any pain and that he could bend forward without undue discomfort. When he finally was examined it was discovered that both clavicles and scapulae were broken, he had a crush fracture of two vertebrae and a cracked pelvis.

The expression 'Ayorama' (Ayunamut) — "it can't be helped" — best sums up the Eskimo ability to cope with pain and adversity.

The Gavel

by G. C. Gray, M.D.

Nellie Kaitak is an Eskimo woman from Cambridge Bay area, N.W.T. In April 1954, at the age of 31 years, she was admitted to the Charles Camsell Hospital after she was seen by an annual Arctic Medical Survey team. They had noticed this woman "walking" around in a peculiar manner, using a cut-down shovel handle, 15" long, as a cane.

Her history, obtained through an interpreter, dated back to 1935 when, at the age of twelve, she began to have pain in her left hip and a limp, and later, pain in her low back. These symptoms apparently persisted for a period of years and during that time there was increasing deformity of her left hip and low back so that she was unable to straighten up.

She walked with the aid of the 15" shovel handle held in her right hand, back and hips flexed to nearly 90 degrees and both knees slightly flexed. She bears weight on the ball of her left foot and sole of the right, pressing her left hand against the front of her thigh above the knee at each step.

When seen at the Camsell Hospital she had no pain, there was no scar evidence of previous discharging sinuses. She had about 90 degrees almost fixed flexion deformity at her left hip (a destructive lesion with fibrous ankylosis) and lumbar kyphosis. X-rays revealed old inactive tuberculosis of the left hip, lumbar spine and lumbo-sacral joint and both sacro-iliac joints.

In addition, she was found to have minimal pulmonary TB (active, bacillary), renal TB, double

kidneys and ureters (positive specimen was bladder urine culture), and a ventral hernia.

Her pulmonary and renal disease were arrested with drugs, her ventral hernia was repaired. For her orthopedic lesion she was given a new and slightly longer shovel handle.



This gavel was presented to the Alberta Orthopedic Society by Kaitak of Cambridge Bay December 3, 1960.

This gavel is her original shovel handle which was presented by Dr. Gray to the Alberta Orthopedic Society at the December 1960 meeting.

Editor's Note: A sealskin case for the shovel handle was made in the Occupational Therapy Department at the hospital. The above information is enclosed in the sealskin cover.

"Dread Epidemic"

A strange disease, Castitis, has stricken eight known people here, recently. Castitis is caused directly from Cantstayinbeditis — a fever which seems to develop in almost anybody who doesn't realize how serious a disease Tuberculosis is and how necessary bed rest is for cure.

Cantstayinbeditis usually comes on in one person at first but spreads fairly rapidly to others in the same ward and actually it should be listed as a communicable disease. Oddly enough, once it reaches the stage of Castitis in one case, the outbreak in any designated ward seems to rapidly subside. This quiescence is of varying length of time.

The onset of Castitis is usually insidious. As Cantstayinbeditis becomes more acute the case is reported to the Doctor. If symptoms continue despite friendly and then more severe administrations of the medical staff, the patient develops hard, white, stiff, thick casements with cross bars between, on both legs below the knees. As a rule this condition en-

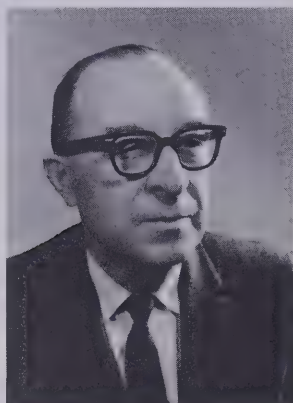
forces full bed rest although cases have been known in which crusting breaks — by design or otherwise. When this occurs the only known treatment is removal, whereupon, a harder, stronger cast usually is seen to appear which sometimes spreads even to the chest. The disease is then, of course, in a very advanced and serious stage.

The usual treatment for a person with Castitis is rest and cooperation. The condition seems to improve those cases of tuberculosis which do not voluntarily accept recommended routine. After varying periods of time when the victim is convinced of the necessity for cooperation in the cure of his disease, tuberculosis, the cast suddenly and completely disappears and in the majority of cases does not recur.

The best way to avoid the disease is to keep clear of any symptoms of Cantstayinbeditis. Of course, it is to be hoped that the recent epidemic of Castitis is now completely under control.

T.J.O.

From "The Camsell Arrow" — December 1947



Dr. Thomas J. Orford.

Thomas J. Orford, M.D.

Born July 7, 1907 in Sydenham, Ontario, Dr. Orford graduated from Queen's University Medical School in 1932 and started in private practice in Markham, Ontario.

In 1936, when it became evident that banks and stores were reluctant to accept the farm produce he was receiving as payment for his medical services, he sought and obtained a position as Medical Officer with the Canadian Government, Department of Lands, Parks and Forests. With his wife, Mena, his two daughters, Priscilla and Rossi, Dr. Orford took up station at Pangnirtung, Baffin Island, where he provided medical service for the Eskimos and other residents of the Eastern Arctic.

The second medical officer to be posted on Baffin Island, he wrote — "As I was the first doctor to go in with a family, our food supplies ran out in

March of our first year there. The ship bringing in mail and food once a year was not due until late September". To prevent a repetition of this state of affairs, in company with an Eskimo guide, he travelled by dog team to Frobisher Bay, about 350 miles distant, where he left a letter and supplementary food requisition which was then relayed to Lake Harbour where the message was wired to Ottawa requesting that a more adequate food supply be at Churchill, Manitoba, for pick up by the supply ship, S.S. Nascopie.

There was no communication between Pangnirtung and the outside world until 1937, when the Hudson's Bay Company installed wireless sets in their Arctic posts and Morse code was adopted.

Dog team and whale-boat during these years took Dr. Orford to visit his patients. In his first year, he walked about 1500 miles, treating patients and teaching preventive medicine to the Eskimos under his care. He treated severe frostbite and accidents, he delivered babies, encountered death by starvation and discovered a case of cancer, the first known case among the Eskimos.

In 1941 Dr. Orford was posted to Moose Factory Island in northern Ontario. Here the doctor was responsible for provision of health services to 5,000 Indians and 1,000 Eskimos on the east and west coasts of Hudson Bay. "It was a general practice with emphasis on tuberculosis as almost ninety per cent of the adult population was infected, with about fifteen per cent having active disease. Tubercular meningitis, in particular, was a death sentence and killed many of the children," he told a press reporter.

A hospital on the Island for the treatment of tuberculosis was the idea of the Indians, and Dr. Orford strongly supported this request. Its construction began in 1947, the year he transferred to Charles Camsell Hospital.

As a medical staff officer at the Camsell, he was responsible for the supervision and treatment of TB patients. Later, he became TB Control Officer for the Foothills Region responsible for direction, planning, operation and control of the tuberculosis programs in this vast area. He supervised the treatment of 300 to 400 TB patients in mission hospitals throughout the north. Later he was appointed Zone Director, Mackenzie Zone, followed by the position of Zone Director for Alberta, both positions being in the Foothills Region.

In 1958 Dr. Orford was transferred to North Battleford, Saskatchewan as Zone Director and Superintendent of the Indian Hospital. Two years later he was appointed to the position of Regional Director, Medical Services, Department of National Health and Welfare for the Province of Saskatchewan.

After seven years, 1967 brought him back to Charles Camsell Hospital as co-ordinator of Chronic Disease Control. This was interesting work which he enjoyed. Not only was he responsible for supervision and management of chronic diseases, including tuberculosis, but also for assembling information about TB patients who had been discharged over the years.

In 1968 he became acting Director of the hospital and then Medical Director, a position which he held until 1971.

Dr. Orford initiated research of height, weight and blood studies in relation to nutrition among the Eskimos of the Eastern Arctic. He was responsible for surveys and sanatorium care of the Indians of James Bay. The "Easter" mass X-ray survey, so called as greater numbers of Eskimos could be found in the settlements at Easter than at any other time of the year, was initiated by him.

He was involved in experimental studies on the use of streptomycin therapy for TB meningitis at Charles Camsell Hospital. He also was involved in the planning and development of the 'Nursing Station' concept for isolated areas.

Dr. Orford was a calm, quiet-spoken man, who inspired confidence. He had the remarkable gift of leadership that inspired co-workers to give of their best without being asked. He never was too busy to listen or to help. He had vision and initiative. He trusted others and they trusted him. He once said that he learned tolerance from the Eskimos and patience from the Indians.

The Orfords had two more daughters, Judi and Elizabeth.

All was not work in his life. He enjoyed spectator sports and was a staunch supporter of the Regina Roughriders football team. He liked reading and, after his retirement, he became a gourmet cook.

He passed away on April 8, 1981 at the age of seventy-three.

Camsell Memories

by Dr. John B. Newton

Employed 1954-1956. Currently — private practice in Edmonton.

I feel very lucky to be a member of the medical staff at the Charles Camsell General Hospital. It is not huge enough to be impersonal, like so many of our large institutions, and yet it is big enough to provide excellent service to its patients.

It has provided me with nostalgia.

When I see the venerable Dr. Matt Matas moving unobtrusively along a corridor, I think back to 1954 when he was the medical director of the old Camsell

and I had just joined the staff. The late Dr. Herbert Meltzer was known internationally for his work in surgical collapse of the lung, known as thoracoplasty, in the treatment of TB. Also at the Camsell much study was done on hydatid disease, and I well remember the late Dr. L. E. C. Davies poring over X-ray films muttering, "I hope the surgeons don't get hold of these". The reason for his concern was the then current teaching about the need for surgery to avoid the disastrous effects of leaving the hydatid cysts to rupture. In fact Dr. Davies could demonstrate case after case of serial X-rays where cysts had disappeared without any symptoms, or indeed anyone being aware of them, until the next annual chest X-rays.

I recall fondly my work on the local Indian reserves, and farther afield, in Fort Smith and Hay River. These places were much more isolated then, than now, when the only way in was by plane or from Fort McMurray by barge. Indeed, the reason for McMurray's existence was that it was the end of the railroad and the beginning of the waterway which took goods all the way to Aklavik in the north. When I first saw Fort McMurray I thought it was the end of the earth, a far cry from the bustling town of today.

It happened this way.

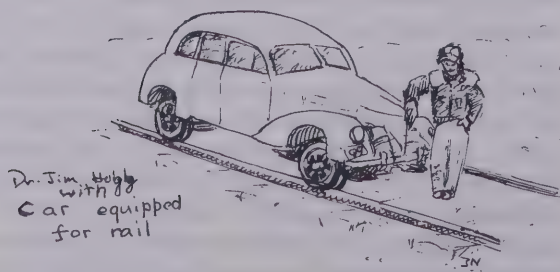
I was asked to accompany the X-ray survey team on the annual visit to Lac La Biche, Beaverlake and points north. Technicians, nurses, RCMP, and the Indian agent took off by road for Beaverlake along with all their equipment including the generator to produce the necessary power for the X-ray machine. The party included Jim Hogg and Bill Castor, then medical students. Jim is now a specialist in Vancouver and married to former Camsell nurse, Denise Lamoureux (we all called her "Lamoree"). Bill is a radiologist at the Cross Cancer Institute, Edmonton. What with immunizing, X-raying, paying out treaty money and the Indians converging from far and near for a real home-coming and pow-pow, it was a busy but most enjoyable time — a bit like visiting the fair. Once finished we then had to transfer the considerable gear to the train, to some muttering by Northern Alberta Railroad officials that we were holding them up! However, as absolutely no one in the north in those days showed any concern for time, I couldn't see what the fuss was about. Our next stop, as I recall, was at the lumber town of Imperial Mills and included a survey of the workers in cooperation with the Aberhart Hospital and the Alberta government. Further up the line our stop was at the little Indian village of Janvier, twelve miles from the siding of Chard where the local trader had a rail-side cabin of log construction. This served as a rest stop and temporary goods depot. It was quaint, to be sure, but

totally unkept so that the inside looked very much like the outside. (On another occasion when we were stranded at the siding by mistiming the train, the men gallantly offered to allow travelling nurse Bernice Beaton to sleep in the only bed: she vigorously refused. Indeed, it was one of those visits when everything went wrong. But it didn't prevent Bernice from eventually becoming Mrs. John Newton.)

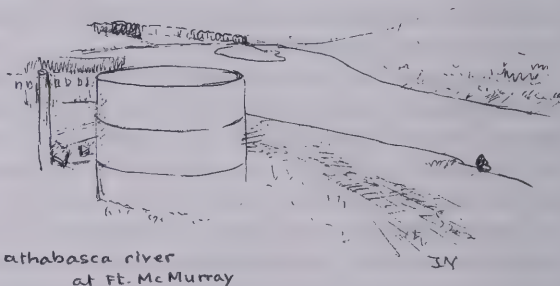


"Swedish"
style log
construction

We were met by the local trader who helped us load everything onto horse-drawn wagons alongside which we walked the twelve miles to the reserve, including fording the Christina River. I was happy to note the well-kept cabins and high morale of the people, neither being as noticeable on other occasions. I thought what a delightful spot it must be to live, far from the madding crowd. Further north was the smaller Indian village at Anzac where the most memorable event was the transportation to the village from the railroad siding on an ingeniously motorized cart rigged by the local assistant agent. It worked efficiently enough but did not include a clutch. As the driver got the engine revving up we all braced ourselves as he prepared to poke on with a stick a sort of drive belt, whereupon we took off with a jolt. Ingenuity is no stranger to the north and it was on this trip that I first saw a motor car equipped with wheels from a railway car so the district manager could ride the rails with speed and relative comfort. I don't know how many such vehicles exist, but I have never seen another.



We eventually arrived in Fort McMurray, bigger than Chard and Anzac, but not much. The only hotel was adequate enough but no luxury. When Indian Agent, Mr. Lapp, asked for brown bread at breakfast, Assistant Agent, Norm McGinnis, made the mistake of remarking that, "They have never heard of brown bread up here", whereupon the waitress disappeared into the kitchen. As we waited and waited, it occurred to me that we were not only getting hungry but had, in fact, been unkind and rude. I sheepishly went into the kitchen to apologize. I was pleased that the young lady thought fit to accept the apology and she proceeded to make us a very adequate breakfast.



We left Fort McMurray by CPA, ("Can't Promise Anything", we called it), an up and coming airline that helped develop the north, including pioneering air post in cooperation with the then district director of postal services. The plane was a DC3, considered by many people to be the most airworthy plane ever made. It was not a modern jet, but our arrival in Edmonton in hours seemed like a miracle, and a bit like suddenly waking up during a very active dream.



DC3 at McMurray airport

Charles Camsell is still a base hospital for the north. It is a fine, fully-fledged general hospital, serving the general population but still retaining a special place in the hearts of the Indian people, even though medicare has given them full access to any hospital or physician. Camsell has a heritage which makes it something special on the Alberta scene and which cannot but inspire those who presently work here.

Dr. James Calder

There were many interested and faithful medical consultants who came to Charles Camsell over the years. One who deserves special mention is the late Dr. Calder, Pediatric Consultant.

Born September 10, 1903 in Hamilton, Scotland, Dr. Calder arrived in Lacombe with his parents and sisters in 1914, and there continued his education. Graduating in medicine in 1930 from the University of Alberta he immediately began study for certification as a pediatrician. His post-graduate experience was obtained in Toronto, Bellevue Hospital in New York and at Children's Memorial in Chicago.

Dr. Calder was associated with Dr. D. B. Leitch in the practice of pediatrics. During World War II he served from 1942 to 1945 with the Royal Canadian Navy. Following the war he was Clinical Professor of Pediatrics at the University of Alberta for several years.

In the late 1940's Dr. Calder began his long association with the Charles Camsell Indian Hospital. He was very fond of the Indian and Eskimo children and was interested not only in their recovery but in their artistic abilities, their progress in the Hospital School and their recreation programs. On week-ends, when pressure of time was not such a factor, he would help children with their drawing or painting as he was himself an artist. He encouraged the older boys to do wood carving and at every opportunity encouraged the Eskimo men in their excellent soapstone carving.

During the infancy of the Camsell Hospital there was a high incidence of TB meningitis among the children admitted. Dr. Calder followed with great interest the progress made in the treatment of this disease after the advent of anti-tuberculosis drugs.

Also at this time scurvy, rickets and beriberi, caused by nutritional deficiencies, were found in the children, especially Indians from remote areas. These diseases were relatively uncommon in the general population and so provided Dr. Calder with excellent clinical material for teaching the students who came regularly from the University of Alberta Medical School. He assisted the authorities responsible for trying to provide solutions for the nutritional defects encountered.

Dr. Calder made several trips in to the north of the province and to the Territories to assess medical problems among children. He appreciated these experiences as he learned much about difficulties encountered by parents and their families in some of the distant communities.

He continued to show his keen interest in the native children until the time of his death, March 20, 1970.

The Case for a Specialty Hospital by Dr. Otto Schaefer

Born October 2, 1919 in Betzdorf (near Bonn), Germany, Dr. Schaefer graduated in medicine in 1944. In January 1945 he defended his doctoral thesis at the University of Heidelberg. Further post-graduate studies in Internal Medicine (1945-1951) in Heidelberg, Baden-Baden and Freiburg, led to a specialist degree from the University of Freiburg in 1950.

He immigrated to Canada in June 1951 with an aim to become involved in health problems of and better health care delivery to the native populations in the Canadian north. Their unique environment, nutrition, life style and socio-medical history had aroused his special interest.

In 1952 Dr. Schaefer joined Indian Health Services at Charles Camsell Indian Hospital while awaiting a vacancy in the Territories. From 1953 to 1958, and again from 1960-1962, he was in the north. He returned to Edmonton to continue further post-graduate work at the Charles Camsell and University Hospitals. In 1964 he was put in charge of the newly created Northern Medical Research Unit located in the Charles Camsell Hospital.

Through his involvement in the health care and research of northern residents and indigenous peoples, Dr. Schaefer became an internationally known and respected colleague. He published extensively about his work and is the recipient of many awards and honors. As an indication of their appreciation for his work the Government of the Northwest Territories opened the "Dr. Otto Schaefer Health Resource Centre" in Yellowknife in 1981. Dr. Schaefer retired in 1985.

In 1946 the Canadian Government transformed the former Jesuit College into the largest medical treatment and referral centre for Indians and Inuits in North America. It had well over 500 beds. Most of the beds, until the 1960's, were reserved for diagnosis and medical or surgical treatment of tuberculosis.

During the last century, this disease had decimated the Indians of western Canada and raged during the first half of this century through the Northwest and Yukon Territories. In the 1940's the disease annually killed approximately one per cent of the native population in the north. But, the hospital was much more than a tuberculosis sanatorium. It served as the headquarters for health care planning and administration for the native population of the Foothills Region for medical and X-ray survey teams which regularly combed these areas to overcome the deadly TB epidemic. Staff also worked to combat the

appalling infant morbidity and general ill-health of Indians and Inuit in northwest Canada.

More than any other city hospital, the Charles Camsell Hospital became, for the native patients, a home away from home, a schooling and training centre, a meeting place where one could talk and be understood in one's own native tongue, and a spiritual centre which sparked the creation of native newspapers and periodicals, native social and rehabilitative organizations.

Indians and Inuit from Alberta and northwestern Canada identified so much with the Charles Camsell Hospital as **their** hospital that they protested vigorously when, in the early and mid 1960's, the federal government recommended the demolition of the old hospital which had become outdated and a firetrap, and favored dispersal of native patients to other hospitals. Protests came from native organizations in Alberta and the Territories, as well as concerned physicians, nurses, social workers and health care administrators in the hospital and the field. The Canadian Government was moved to build a new, modern Charles Camsell Hospital which opened in 1967 just north of the old Jesuit College.

Indian and Inuit patients from northern Alberta and the Northwest Territories, particularly the older ones from more remote areas, continued to show their affection for "their" hospital. In the following years, even when Medicare, decentralization of Medical Services and changing referral patterns of new private physicians in the north led to more dispersal of native patients to other hospitals, they maintained their devotion. They felt lonely, could not talk to anyone, and felt "like in a strange place" and demanded to be transferred back to "Camsell".

There were also good medical reasons to defend preferred referral of Indian and Inuit patients to Charles Camsell Hospital. Disease patterns, other than tuberculosis, were and are, to a lesser degree, quite different and often specific for Indians and Inuit. For example, Indians coming from mid and northwestern Saskatchewan, and border areas in eastern Alberta had a high incidence of a severe intestinal parasite infection (amebic dysentery). If this is not recognized and properly treated it can lead to death, especially if it leads to unrecognized liver abscess, as happened in several cases in other hospitals. Elderly Inuit men are at relatively high risk to develop a rare cancer form (Nasopharyngeal cancer) which is difficult to diagnose. These are just two examples where awareness of specific epidemiological risks and experience and medical alertness gained through concentration of such rare cases in one central institution, can bring about earlier diagnosis and may save lives and shorten hospitalization.

Medical Research by Dr. Otto Schaefer

The preferred referral of Indian and Inuit patients from northwestern Canada to the Charles Camsell Hospital created a need, as well as an opportunity, to research many unusual medical problems and conditions. In 1964 Medical Services established the Northern Medical Research Unit (NMRU) at the hospital and Dr. Otto Schaefer was appointed head. For several years he enjoyed the help of Dr. R. D. P. Eaton, a parasitologist, recognized for his original research in amebic dysentery. The hospital facilitated the activity of the NMRU by providing office space, laboratory help for any projects conducted within the hospital and logistical support for many health and research surveys in northern settlements. Many of our original research projects were stimulated by clinical observations made on hospital patients. The following examples will demonstrate the importance and need of specific medical research for the native patients referred to the hospital and the role that the hospital played in facilitating such research.

In the 1950's and 1960's we saw a number of the Inuit, hospitalized at the Charles Camsell and elsewhere, who showed sugar in the analysis of urine specimens. Following oral glucose tolerance tests, which indicated an abnormality, these people were diagnosed as diabetic. However research done at the Camsell Hospital, in collaboration with the Department of Medicine of the University of Alberta, found that these patients had sufficient insulin which was released in normal amounts into their blood as long as the process was stimulated by a meal of meat preceding the standard oral dose of glucose. This finding saved many Inuit from unnecessary and potentially harmful treatment. It also helped to promote, among northern natives, an educational program for maintaining healthy nutrition habits and cautioning against the skyrocketing consumption of sweets and soft drinks.

Other research projects were:

Isoniazid (INH, the most important drug used in the treatment of tuberculosis): It was found that metabolism of this drug in the Indians and the Inuit was quite different from that in most Caucasians. This information implied important practical consequences for home treatment of TB with INH which was begun on a large scale in the 1960's and which finally eliminated tuberculosis as the greatest health problem for the native people.

Alcohol Metabolism: Here again significant differences were found in comparison to Caucasians. These findings may have an influence on this most serious health and social problem confronting the Indians and Inuit today. We realize, however, that

social-cultural factors are of greater practical importance and must be changed in order to fight this complex problem.

Respiratory Tract Disease: Recurrent respiratory tract infection with, or without, middle ear infection plague many native children. We found that these infections were significantly increased in native children who were bottle-fed at birth or early in infancy.

In middle-aged and elderly Inuit hunters the Northern Medical Research Unit demonstrated a relationship between obstructive lung disease and frequent forced inhalation of extremely cold, dry air. This condition increasingly disabled Inuit hunters after age forty and usually caused their death between the ages of fifty-five and sixty-five.

The Charles Camsell Hospital became well known for its scientifically unique and interesting patients. World famous scientists such as Drs. Denis Burkitt (known for Burkitt's lymphoma and his elucidation of the importance of fibre in our diet) and H. Herxheimer (a leading researcher of allergic phenomena) visited the hospital to review hospital records and X-rays of Indian and Inuit patients and consult with members of the Northern Medical Research Unit.

More than eighty medical publications reflect the activity of the NMRU. Most of these papers were related to medical problems concerning patients of Charles Camsell and were facilitated by hospital staff. In addition, important papers concerning medical problems observed in native patients, particularly in the fields of endocrine, orthopedic, respiratory and pediatric problems in Indian and Inuit patients, were published by other staff members and consultants from the University Faculty of Medicine.

True Compassion

by Dr. Edward Romanowski

Employed 1964-1969. Private practice 1969-1984.

Retired and living in Edmonton

I joined the internal medicine division of the Charles Camsell Hospital in 1964. There was a fairly large number of patients who had tuberculosis, some of whom were accommodated on the pediatric wing, the surgical ward and the orthopedic wing. There was a maternity unit under the supervision of Dr. S. Parlee who is now retired and living in B.C. What was so striking in the hospital was that much of it consisted of a number of wooden barracks. An operating room was located in the main building.

The nursing staff worked in harmony with the medical corps.

In my judgment the approach of the nursing and medical staff was outstanding. The nursing staff knew all the patients, their needs, their faults, and the staff was well appreciated by the patients. The Camsell Hospital, to my mind, will always be proof that true compassion is often more important than elaborate equipment in the provision of care for the sick.

We worked together, side by side, with the local university and sometimes presented patients at the University of Alberta Hospital medical rounds. Dr. A. M. Edwards was one of our consultants in internal medicine.

The medications twenty years ago were, of course, not the same as many being used today. Selected cases of tuberculosis were treated surgically with thoracoplasty done by Dr. H. Meltzer. Dr. Wilkinson and Dr. Burchak were responsible for the care of the sick children, some of whom were afflicted with tuberculosis and chronic otitis media. Cases of tuberculosis meningitis were not rare.

My Memories

by Dr. Norbert E. Schweda

I think back to my very beginning in the old place where my duties were rather diffuse and ill-defined. My responsibilities ranged all the way from working in the Out-Patient Department to pediatrics, medicine, obstetrics and gynecology. Though maternal turnover was small, we had our odd tense situation and somehow always managed to find happy solutions. I remember not only helping to carry maternity patients on a stretcher up and down the convoluted stairway but also the occasional forceps extraction of a hesitant infant. I can still visualize the nurses holding back the delivery table, as a counter measure, and



Mrs. Solomon Kootenayoo from Glenevis with Vivian Grace, born January 1, 1965. Attending physician, Dr. N. Schweda.

it sliding toward me and flattening me against the wall.

The newborn unit, adjacent to the delivery room, was our professional pride. Though small in size and with no provision for the isolation of sick newborns, we still had no serious consequences and, on one occasion we were able to raise a two-pound baby without complications.

Aside from my professional happiness, at that time, I fondly remember the gourmet cooking of the chef, with unlimited helpings, and the wonderful Christmas parties which made us all one big happy family. My memories are refreshed from time to time by my nurse, Sheila Saunders, who, in 1967, followed me to my private practice and ever since has remained loyal to me.

My future has no big changes in store other than to take more time off for my personal enjoyment, especially in the summer at my lake cottage. Incidentally, it is on the same beach as that of the late Doctor Gordon Gray's. I met him there many times. I felt his death a personal tragedy.

Dr. Singh

contributed by Dr. Otto Schaefer

When Dr. Santokh Singh joined the staff of the Charles Camsell Indian Hospital in the early 1960's, he made his first medical rounds with the late Dr. Gordon C. Gray who at that time was Chief of Orthopedic Surgery. Dr. Gray used to make Grand Rounds with nurses, nursing aides, physiotherapists, assistants and medical students on Tuesday mornings. After the rounds while Miss Fadum was distributing medications on the ward, she was asked by a Cree Indian from a remote reservation in northern Alberta: "Nurse, who was the new fellow with the funny hat?" (Dr. Singh, a Sikh, wore a beautiful turban). "Oh," she said, "That is our new Indian doctor." To this our Wood Cree Indian mumbled, somewhat perplexed, "Never have I seen a Cree Indian looking like that!"



Dr. Singh.

To Canada, Our New Home

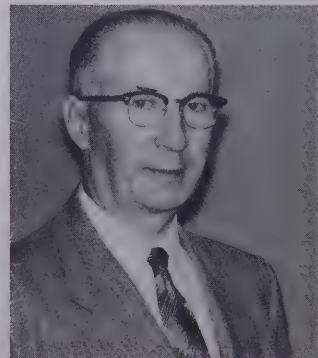
In 1948 the Government of Canada accepted as immigrants many people from central and eastern European countries who had been displaced by the war. We do not have a record of all who came to Charles Camsell nor do we know if all came for the same reason. However, recorded in issues of The Camsell Arrow from mid 1948 to mid 1949, are the names of the people who arrived within months of one another and were welcomed to the hospital.

Dr. Nicholas Zalesky, Dr. Anna Demczenko, Dr. Wasyl Iwanec, Dr. Ostafichuk, Dr. Wladimir Bryk, Dr. Fedyna and Dr. Steven Kuczer were the doctors whose initial destination was the Camsell. Of this experience Dr. Zalesky wrote:

"It was a pleasant moment in my life when one day I was informed in the office of the International Refugee Organization that I had permission to go to Canada and to take my family. I was glad to receive such permission because it opened new possibilities and new horizons; and this was so necessary for us so-called "Displaced Persons" who had behind us hard war years, and gray, monotonous days in camps without any hope or any outlook for the future.

I came to my niece's farm near Evansburg, Alberta, but I was not long on the farm. The second day, I got a telephone call saying that it was possible for me to have employment in the Camsell Hospital." (From The Camsell Arrow, July-August 1949)

Owing to a shortage of medical staff, special arrangements were made for the physicians to be employed, under supervision, in their professional capacity while learning English. Following orientation Dr. Demczenko went to the Miller Bay Indian Hospital near Prince Rupert, B.C.; Dr. Ostafichuk, to the Nanaimo Indian Hospital on Vancouver Island; Dr. Iwanec to Eldorado Mining and Refining Company, Port Radium, N.W.T. and Dr. Fedyna to Ontario. Dr. Kuczer worked on Ward 3. A quiet, kindly man, everyone was saddened by his death in March 1955. Dr. Bryk remained at the hospital until 1955 at which



Dr. N. Zalesky.

time he entered private practice. He passed away in Edmonton in July 1981. Dr. Iwanec, a graduate of Jagiello University, Poland, returned from Port Radium and spent several years in charge of Ward 3 and, later, Ward 7. He was like a father to the children and jealously guarded his domain. Dr. Iwanec retired to Ontario where he died in March 1979.

Dr. Zalesky, a graduate from the University of Prague, did a six-month internship at the Misericordia Hospital in 1950-51 and was the first to obtain his LMCC. He returned to Charles Camsell in charge of Ward 2. Respected for his integrity, ability, compassion and sense of humor, everyone who worked with him felt a personal loss when Dr. Zalesky passed away in September 1970. He was a patient on Station 52. It was fitting that he should be in the hospital he loved and with those who loved him.

Pioneer Doctors of our Past

Doctors are numbered with those who were pioneer workers among the Indian and Eskimo people. Five who joined the staff of Charles Camsell deserve this distinction.

Dr. W. A. M. Truesdell

Dr. W. A. M. (Art) Truesdell graduated with honors from Queen's University, Kingston, Ontario. Early in 1926 he was asked by the late Mr. J. Moran, Inspector of the Northwest Territories, Department of the Interior, to apply with the Department of Indian Affairs for the position of Medical Officer at Fort Simpson, N.W.T. He was accepted and, in August, left for the north.

The territory for which Dr. Truesdell was responsible stretched north to Aklavik and as far south as Fort Nelson, B.C. Travel in the summer, at that time, was by barge or steamer and, later, motor launch and in winter was either on foot or by dog team. The advent of the aeroplane in the north greatly improved travel.

Added to his medical duties, in 1930, were those of Indian agent, mining recorder, and until 1947, farm superintendent as well as Justice of the Peace. Before his departure from Fort Simpson for Edmonton in September 1950 the extra duties gradually had been taken over by others.

That autumn Dr. Truesdell joined the medical staff at the Charles Camsell Hospital as the medical officer for the five reserves comprising the Edmonton Agency. He retired in 1954, and passed away in Edmonton in 1962.

Dr. Truesdell was an avid bridge player and would willingly play until 5 a.m., as had been the custom in the north, providing he could persuade any Camsellites to stay awake until then!

Dr. J. P. Harvey

Born July 30, 1908 Dr. John Paul Harvey was a graduate of Queen's University. He started a private practice in Marwayne, Alberta in 1934. As physician and Indian agent he was entered on the payroll of the federal government service the summer of 1938 when he and Mrs. Harvey went to Fort Norman, N.W.T. He had a love for the north and chose to continue the practice of his profession among the Indians and Eskimos. His territory extended from Wrigley to Coppermine, included Great Bear Lake and the area along the Mackenzie to the Arctic islands.

Of Dr. Harvey, Dr. W. L. Falconer wrote, "He was a pioneer of outstanding merit in the N.W.T. He was physician, Indian agent, magistrate and an able administrator. Dr. Harvey could repair motors, electric light plants and, in fact, was a 'Jack of all trades'. In 1945, at the little twelve bed hospital in Fort Norman, he operated on an RCMP constable and removed a loose cartilage from his knee with excellent results. He was a good bush traveller and, several times when the plane in which he was travelling was forced down, he supplied the knowledge which ensured survival of the passengers".

The Harvey's moved to Aklavik in 1946. Two years later they arrived at Charles Camsell. Dr. Harvey eagerly accepted opportunities to fly to his beloved north for medical emergencies. He was, for a time, the physician for the Edmonton Agency.

During 1950 he had assignments in Manitoba and Saskatchewan and in 1951 he was appointed Regional Superintendent, Indian Health Services, Saskatchewan Region. From 1956-1963 Dr. Harvey was in charge at Moose Factory, Ontario. His final posting was to Churchill, Manitoba where he died on March 27, 1968 while still in the employ of Medical Services.

Dr. J. Riopel

Dr. Joseph Riopel was physician, medical officer for DOT, the RCMP, the Royal Canadian Signal Corps and the workers at the sawmill; police magistrate and administrator of family allowance for Fort Resolution, N.W.T. from 1938 until his transfer to Charles Camsell Hospital in 1946. He was appointed doctor for the Edmonton Agency and continued with this work until he went to Gleichen, Alberta in 1948 as medical officer for the Blackfoot Reserve.

A man with a good sense of humor and boundless energy, Dr. Riopel enjoyed his work, his patients and colleagues. He and Mrs. Riopel retired to Ottawa. It is believed that they later moved to the Maritimes where Dr. Riopel died during the 1960's.

Dr. C. Corrigan

Dr. Cameron Corrigan was born at Strathroy,

Ontario on September 28, 1906. He graduated in science and medicine in 1937 from the University of Manitoba, and went to Fisher River Indian Agency as the medical officer for two years. He then transferred to Norway House which also came under the jurisdiction of Medical Services, Department of Indian Affairs. Here he met his future wife, Margaret, who was matron of the hospital.

Dr. Corrigan worked hard and, as for all early northern medical staff, travel was by horse, boat or dog team.

After eleven years the Corrigans moved to the Sioux Lookout Indian Hospital which was the centre for a large area of northwestern Ontario. The Winnipeg Free Press printed an article about Dr. Corrigan written by Mrs. A. C. Hughes entitled 'Northern Medicine Man'. In it the author states, "He has been untiring in routing out sources of tuberculosis in his widespread northern territory, and the despair of his staff who are often puzzled to find beds for the patients brought in by the relentless red-headed doctor". When Mrs. Hughes visited there were 117 patients in the 62 bed hospital!

Two years after his arrival at Sioux Lookout he was transferred to the Charles Camsell Hospital, arriving with his family in the summer of 1952. He was assigned to Wards 7 and 8 (pediatrics) where he struck terror in the hearts of the nurses until they came to know and appreciate his humor and interest. Mrs. Hughes described him well in her article when she wrote, "A man of small and compact stature, like so many men of tremendous energy and the courage that brooks no obstacles, he has a penetrating Irish eye and a tongue with a rough edge, employed in moments of deep feeling. But how he can set out the Law and the Prophets then!"

Under this gruff exterior was a concern and sympathy for anyone ill or in trouble. He was embarrassed if his kindly acts were ever mentioned.

In 1955 Dr. Corrigan obtained his Diploma in Public Health at Harvard University. He was then appointed Zone Superintendent at North Battleford, Saskatchewan. Two years after his return to Camsell in 1958 he took over the position of TB Control Officer.

By 1967 he had completed thirty years service with the Government of Canada. He died in Edmonton, January 9, 1971 at the age of sixty-four.

Dr. B. H. Harper

Dr. Bertram Harper, a graduate of Western Ontario, commenced his years with Indian Health Services in 1947 at Moose Factory, Ontario where he was in charge of field work. In the autumn of 1952 he went to Ottawa for a brief period. Dr. Harper trans-

ferred to the Cardston Indian Hospital in January 1953. From 1955 until his retirement in May 1959 he was in charge of Wards 9 and 10 at the Charles Camsell Hospital.

Dr. Harper was a rugged individualist and another colorful character in the service. He enjoyed the social life at the Camsell, where he was known to many as Uncle Bertie, and entered into many of the activities with enthusiasm.

Retirement at Portland, Ontario did not provide enough excitement so he returned to Moose Factory to be in charge of the out-patient department at the hospital. During this time the Indian people made him an honorary chief. The title given him, translated into English, was "Hot Water" as he was so insistent that they boil their drinking water.

In 1965 Dr. Harper retired again to Portland. He passed away in 1976 at the age of eighty.

"Patient Saves Doctor and Pilot"

by Dr. John C. Callaghan

Dr. John C. Callaghan accepted a northern posting in 1948 with Indian Health Services. The Charles Camsell Hospital had been established as the base for briefing medical staff for such service. His present stature as one of Canada's pioneers in cardiac surgery is well documented. How close his career came to being nipped in the bud is less well known. Dr. Callaghan's recollections of this harrowing experience represent one more chapter in the saga of the courage and tenacity of those who braved the perils of Arctic life:

"On December 5, 1948 I was flying with Mike Zubko of Aklavik Flying Service in a Waco aircraft having completed a trip from Great Bear Lake to Norman Wells where I had spent the night with Canon Montgomery. We left at first light, about 11:10 a.m., and stopped at Fort Good Hope to pick up Vital Barnaby who was suffering from pneumonia. I intended to take him to the hospital at Aklavik. Around noon, about thirty-five to forty miles due north of Fort Good Hope, we broke an oil line. Oil spewed all over the windshield and floor of our aircraft. As the manifold temperature became extreme, Mike turned off the motor and with only the sound of the rushing wind in the ailerons, our plane descended to what appeared to be termination in the scrub trees of the lower Mackenzie delta.

I was an inexperienced pilot in those days and had no idea that we would have any chance of surviving the impending crash into the fairly substantial tree formation, just moments away. However, at the last minute, Mike in his wisdom accelerated the motor of the plane which carried us up over the trees and we

landed on the surface of what had previously been identified as Loon Lake. We sustained no major injuries on landing and were in good condition except that the wing temperature was 62° below zero Fahrenheit. The light was fading and we were certain that there was no way that we could get oil to enable us to leave that day. We built a shelter using the wing covers. Unfortunately we broke our axe and were unable to construct a very good shelter but it was something that we could get in.

In the waning light, we decided that an attempt should be made to reach the Mackenzie River although we were uncertain as to the distance. Mike took the only pair of snowshoes that we had and set off by himself. Vital Barnaby and I tried to go down to the lake and into the woods but it was certain death, especially for me, to continue on. As it was now dark, I persuaded Barnaby to return to our meagre shelter and wait for light the following day. Mike also arrived back at our shelter having been unable to find the river. We were so exhausted that we were vomiting.

We tried to make ourselves comfortable that night but it was an ordeal as the wing temperature remained at 62° below. The following morning we took the exhaust off the aircraft to try to make a chimney and used the empty oil can to make some sort of fire. Barnaby had had enough and felt that his chances were better if he had the snowshoes and took off for the Mackenzie River. Being a muscular native, even though he did have signs of pulmonary congestion, we felt that this was probably our only hope. He took a third of our rations and the snowshoes and headed off. It seemed doubtful that we would ever see him again.

Mike and I tried to get comfortable that day and succeeded for a very short period. On the evening of December 7 we made a fire in the oil tank that

warmed our little shelter moderately well but, unfortunately we had a fire on our hands when the top of the canvas, which was too close, ignited. Luckily I had enough common sense to take my mitts off and use snow to put out the fire and then put my hands back into my still dry mitts. Had I used my mitts I am sure that I would have no hands today and would not have become a surgeon.

The following morning, Wednesday December 8, to our great relief, four dog teams reached us. Led by Noel Kawkfi, the Indian trader from Fort Good Hope, he and three other men found us, made a huge fire and warmed us up. Bert Birch landed about eleven o'clock that morning in a CPA Norseman with oil for our plane, and asked me to go with him to Aklavik. Foolhardy as I was I said, "no, I would stick with Zubko". We put oil in the plane, put the manifold back on and took off for Aklavik. Before we reached our destination, the meagre light had disappeared and we landed in the Pokiak Channel six miles short of Aklavik and taxied along the Pokiak. The people of Aklavik were fearful for us as they had seen our lights disappear into the ground.

When we did arrive we were greeted with cheering and hoots and hollers. Our ordeal of 72 hours was over! It had been a thrilling and extremely dangerous situation.

I am sorry to report that Vital Barnaby, who was under my care at the Roman Catholic Mission Hospital in Aklavik, deteriorated and finally died in July of massive hemorrhage from pulmonary lesions of tuberculosis. He was awarded a gold medal for saving the lives of a medical officer and a pilot in the Northwest Territories.

It was a thrilling story, but one in which the author of this report would never, ever again want to be involved. Even with the dictation of this letter, I begin to shiver."



Medical Officers, Northern Postings

There were many doctors who came to the Charles Camsell for orientation before proceeding to the five Roman Catholic and one Anglican mission hospitals in the north, as well as some from the hospital staff who transferred. They stayed at the hospital for varying periods of time. To name a few: Dr. Arthur Greenidge, two terms at Fort Resolution; Dr. John C. Callaghan, Aklavik; Dr. Mulvihill, Fort Resolution; the late Dr. Kenneth Ward, Aklavik; Dr. Ernie Jarman, Fort Rae; Dr. Tron P. Nyhus, Fort Simpson; Dr. Harrison, Aklavik; the late Dr. Otto Rath who became the regional director for the Prairie Region, then the Alberta Region, Fort Rae; Dr. Otto Schaefer, Aklavik, Pagnirtung and Whitehorse; the late Dr. R. H. Lyshak, Fort Resolution; the late Dr. Martin Hagen, Aklavik; Dr. Axel Laurent-Christensen, from Denmark and Greenland, Aklavik; Dr. Norbert Schweda, Aklavik; Dr. J. D. Martin who became the regional director for the N.W.T. and is now the director of Inuit and Indian Health Services in Ottawa, Fort Rae; and the late Dr. Elizabeth Cass, an ophthalmologist for the Mackenzie Zone, N.W.T., was based at Fort Smith. She was founder and first president of the International Society for Geographic Ophthalmologists.

All of these medical officers were in the Territories while TB patients were hospitalized at the locations mentioned. Treatment was directed from the Charles Camsell with Dr. T. J. Orford making regular visits to each centre. Patients who were candidates for chest surgery were transferred to the Camsell as beds became available. By 1961 all TB patients from the Region could be accommodated.

"The Charles Camsell Hospital has been strategically placed as a treatment centre for the northern areas and the N.W.T. It has been invaluable as a staff training institution." (From Royal Commission on Health Services, "Tuberculosis in Canada", G. J. Wherrett, 1964)

Dentistry

by Dr. R. B. Campbell

Employed 1962-1975, Regional Dental Officer.

Transferred to New Brunswick as Chief of Service for Dentistry, DVA. Retired in 1980 and is living in St. Albert, Alberta.

Dental treatment is a most important part of good medical care. This fact was taken into consideration by those physicians who organized the Charles Camsell Hospital. Many patients admitted came from isolated areas and had great need of dental attention. The elimination of dental disease was a big factor in their supportive care. To this end a dental service to

cover the Foothills Region as well as the hospital was established in the Charles Camsell.

Dr. W. E. Addinell was the Dental Officer in charge of the Veterans Dental Service at the Mewburn Pavilion of the University Hospital. He aided in organizing the service in the Camsell and rendered emergency treatments in the beginning.

The first full-time dentist on the staff was Dr. Hugh McCaffery who accepted this position on his return from overseas duty with the Canadian Dental Corps. His duties took him on many field trips into the Arctic areas. In the early years these were real adventures and the work was carried out under most primitive conditions. Dr. McCaffery was with the service for just a year, but he laid an excellent foundation for those who followed.



Dr. McCaffery.

Recruiting to this branch of IHS was not rapid and there was a period when part-time services were provided by local dentists one of whom was Dr. Aubrey Olsen.

In 1950 Dr. S. Kowaluk began a lengthy career with the dental service. She had trained in Poland before the war and at the end of hostilities she and her husband came to Canada. Dr. Kowaluk continued in the Dental Department until her retirement in 1974. Her devotion to her work was best demonstrated in the fact that she could converse in the Indian and Eskimo languages.

Dr. C. H. Carley was taken on staff in 1950. He served as Senior Regional Dental Officer. During this

period the dental treatment and public health programs were expanded throughout the Foothills Region. This brought more dentists to the area.

During the years following 1950 when the Camsell was a training and resource centre for the Region, courses were developed for persons who were proceeding north on other duties. For members of the RCMP, Public Health Nursing and the Clergy who served in isolated areas, Dr. Carley organized training in simple dental procedures which would relieve acute pain. The need for such courses diminished as dental services became available to more centres.

The following article appeared in the Christmas 1964 issue of "The Arrow":

Dentistry In The North

"Dog sled and warm parka are standard gear for a dentist.

His patients are Indians and Eskimos.

His office may be a schoolroom or an igloo.

And his equipment often is what he can carry on a dog-drawn sleigh.

But his profession is dentistry.

This describes any one of seven dental officers connected with the Foothills Region of the federal Department of Health and Welfare. Each works true to the dental code, determined to bring basic dental care to all people living in Canada's north country.

Dedicated Men

Typical of these dedicated men is Dr. C. H. Carley, senior regional dental officer for the Foothills Region, and Dr. R. B. Campbell, dental officer at the Charles Camsell Hospital and in charge of dental work at the Indian schools in northern Alberta.

When Dr. Carley joined the department in Edmonton in 1950, there was only one other dentist in this vast region, an Englishman working at Aklavik.

The seven dentists now with the department are stationed at outposts throughout Alberta and the north. Serving Southern Alberta's Indian population, visiting Indian residential schools and providing all the care necessary is Dr. H. Jones at Calgary. Dr. Campbell and Dr. Carley work out of Edmonton, while other dentists are stationed at Hay River, Fort Smith (Dr. A. J. Simons), Inuvik (Dr. T. J. Cottee), and one other in northern Alberta (Dr. W. Willigar).

Can't Keep Up

"We must be prepared to give certain basic care to everyone," says Dr. Carley, "but the staff at present cannot keep up with the need for this care."

The dentist at Inuvik has a modern two-chair dental suite at his disposal but must make periodic trips to Tuktoyaktuk, Aklavik, Reindeer Station and Fort McPherson. The dental unit is in a hospital

maintained by the Department of Health and Welfare.

Dr. Carley noted that dental caries have become pronounced among Eskimos only since they adopted the white man's diet. Studies show the Eskimos' original diet was heavy in protein and low in fat and carbohydrates. As they learned to eat refined food, with high fat and carbohydrate content, they developed dental problems.

Dr. Carley also noted that there are three medical officers in the north country to each dental officer. "Even so," he says, "we've had good fortune with our dental officers."

Dental assistants are much in demand for the north country. "I'd like to see a local person, preferably a native, working with each dentist," says Dr. Carley. "We'd like to have more native girls coming to Edmonton to take the dental assistant's course at the Northern Alberta Institute of Technology."

On graduation they could share in what Dr. Carley declares is "really a terrific job to provide dental care to these isolated communities."

* * *

Planning for the new Charles Camsell was progressing well in the early 1960's and in 1967 the big move took place. The hospital began to function more as a general hospital and the dental clinic developed into an out-patient facility. Patients from the city as well as from the nearby reserves were treated



Dr. R. Campbell, attending patient.

in increasing numbers. Well remembered are the students, who descended on the clinic twice a week, from the Edmonton Residential School near St. Albert and the frustrations of the principal, Mr. Don McBride, in finding them for the trip back to the school!

Reorganization created three separate regions within the vast Foothills Region: Alberta, Northwest Territories and the Yukon. Dr. A. Grimsrud was appointed Regional Dental Officer for the N.W.T.

On Dr. Carley's retirement in 1972 Dr. T.

Gavriloff became Senior Regional Dental Officer. In 1975 Dr. Campbell left DNHW to transfer to DVA. Dr. Chalmers succeeded him at the Camsell. A few years later the hospital was transferred from federal government jurisdiction and the services of the clinic were concluded.

In closing tribute is paid to the assistants who worked in the department one of whom was Wanda Louis from Hobbema. Others were Ann Chute, Dale Lambert, Theresa Lapointe, Denise Villecourt, Val Christian and Alice Soligo.

Trials and Tribulations

Trials And Tribulations

(Administration 1945-1980) by Ron Bergmann

Joined Charles Camsell Hospital's staff in 1954 as purchasing clerk. For variable periods was purchasing agent, accountant, business manager, food services manager and, for a period prior to retirement in December 1974, acting/assistant director.

"Birth Of The Camsell"

The hospital officially came into being on June 1, 1946 with transfer of land and buildings, then constituting the Edmonton Military Hospital, from the Department of Defence to National Health and Welfare. This complex, commonly known as the Jesuit College Hospital, was to be converted to a base tuberculosis hospital for the native population of Alberta, Yukon Territory and the western portion (Mackenzie District) of the Northwest Territories including the islands in the Arctic. Dr. Herbert Meltzer had been appointed director of the yet un-named hospital in November 1945. Dr. E. L. Stone, a former director of Indian Medical Services, a branch of the Department of Mines and Resources, was appointed regional superintendent for Alberta and the northern territories. He was provided with office space above the firehall which serviced the hospital complex.

Originally there was considerable opposition to having a tuberculosis hospital for Indians located on this site. Objections came primarily from residents in the area and from a group of veterans and others who wanted the redwood buildings utilized for housing to relieve the acute shortage that existed during the immediate post-war period. They were supported in their opposition by members of City Council, by some members of the Alberta Legislature and, to some extent, by the news media. This opposition largely disappeared once the hospital was established and considerable volunteer assistance was provided by nearby residents and by the city at large.

The following note submitted by Mrs. Wilma (Mahoney) Stevenson upon hearing about this history project, while not necessarily typical, is a fine

example of the friendly attitude taken by some of the hospital's neighbors:

"Our family lived in a little house just south of the hospital. During the summer native families would come to visit relatives in the hospital and pitched their tents in a field west of the St. Albert Trail on 113th Avenue. One day a man came to our door asking for some milk for his baby. My father and I were home at the time and much to my surprise my father knew our visitor, . . . Chief One Spot. My father had known him many years before when he (my father) was living in the Calgary area in the early 1900's. Later the Chief brought his wife to meet us. A son, Robert, was a patient in the hospital and I visited him occasionally after that. **What A Small World.**"

That the transfer took place was due in large measure to the determination and perseverance of Dr. Percy Moore who was the Director of Indian Health Services for the federal Department of Health and Welfare. Dr. Moore correctly perceived that the location and physical features of the complex would be highly suitable for its intended purposes.

Much has been reported regarding Dr. Meltzer's dominant role in getting the hospital operational. It is doubtful that anyone else could have done as much in such a short period. A person of boundless energy, Dr. Meltzer was, from all reports, a demanding taskmaster during those early years but was nevertheless highly respected by all who worked closely with him. It was in all respects a classic case of the man and the job coming together at the opportune time.

Senior administrative staff during the start-up period consisted of: Ralph Butchart, business administrator; Len Westgate, accountant; Don Sims, purchasing agent and Larry Bradley, chief storeman. George Capell later served a short term as accountant before moving on to eventually become senior administrative officer for the Manitoba Region of Indian Health Services. Dr. Meltzer's legendary intolerance of governmental restrictions sometimes made life difficult for this group whose responsibilities included production of paper work necessary to the accounting, purchasing and inventory control functions. Ralph Butchart later left to accept a posting as chief of the federal government's audit division for

northern Alberta. Ironically, his responsibilities included periodic audit of the hospital's records to ensure compliance with the finance department's regulations concerning disbursements and revenue. Don Sims transferred to Indian Affairs Branch. Only Larry Bradley remained with the hospital, occupying a variety of important posts during his lengthy career.

Included in the take-over agreement with the Department of Defence was a provision that one hundred beds be reserved for treatment of tubercular war veterans, at least until other suitable accommodation became available. Originally there were approximately one hundred such patients but they were transferred in 1952 to the newly completed Aberhart Memorial Sanatorium, located in Edmonton and operated by the provincial government. There was no difficulty, however, in filling the vacated beds with other tuberculosis cases.

In late 1949 Dr. Meltzer, having succeeded in getting the hospital operating effectively, decided to give up his position as director and return to the world of private practice. He retained his association with the hospital and for many years was a prominent member of the medical staff, including a lengthy sojourn as Chief of Surgery as well as being responsible for directing treatment for TB. He was the first private practitioner to become a member of the active medical staff, paid solely on a fee-for-service basis. The hospital had previously relied on salaried physicians, with private practitioners used on a consultant basis only.

Dr. W. L. Falconer, a former assistant to Dr. Moore, succeeded Dr. Meltzer as director of the hospital on January 1, 1950 and, in 1951 also took on the added responsibility of regional director for Foothills Region. Dr. Falconer had been instrumental in the 'birth' of the hospital having carried out the inspection of the site and initiated the report that ultimately resulted in transfer of the property to Indian Health Services.

"The Adolescent Years"

The 1950's were extremely interesting years at the Camshell. During the early part of the decade the hospital became not only a treatment and medical resource centre but also the administrative base for the entire region with Dr. Falconer presiding over both functions.

Naturally this dual responsibility required a different style of administration than that which worked so well during the initial period. Dr. Meltzer operated on the "tight ship" principle, personally overseeing every aspect of the operation; Dr. Falconer's style was more relaxed with responsibility delegated to others where warranted. Fortunately, Dr. Meltzer

surrounded himself with competent people who were able to adapt very well to the change. Some of those involved at that time in administrative and related services:

H. E. (Jack) Horne — business administrator, whose somewhat dignified manner thinly disguised a devastating sense of humor. Jack later became a senior administrator at regional headquarters and eventually accepted a senior posting with Health and Welfare in Ottawa. His contribution to the smooth functioning of the hospital was considerable.

Jim Thompson was a canny Scotsman with a keen wit whose responsibilities included purchasing, accounts, stores and other related areas. Jim left in the mid-fifties to become assistant administrator at Coqualeetza Indian Hospital at Sardis, B.C. He has since retired but remains at his Shangri-la deep in the Fraser Valley country.

M. L. (Joe) Pasnak was a former assistant to Dr. Stone during his term as regional director. Joe's responsibilities at the hospital were primarily concerned with personnel management. He was a person of wide interests and something of an authority on almost any subject, which made it sometimes necessary, when approaching him on personnel matters, to be prepared for a philosophical discussion on anything but the subject at hand.

Ted Brown was a senior clerk who went on to a term as administrator at the Blood Indian hospital in Cardston and from there to an administrative post at Foothills Regional Office. Ted was an extremely popular staff member. His pleasant and active sense of humor kept everyone in a happy mood.

"Bert" Roberts, chief of maintenance, was one of the truly memorable characters at the hospital. Although his notoriously quick temper spared nobody, recipients of his outbursts soon learned that there was no animosity involved and coped accordingly. As is evident in his article, elsewhere in this publication, Bert admired and respected Dr. Meltzer, a feeling which was no doubt reciprocated. One can visualize, however, the sparks that must have flown when these two volatile personalities clashed as inevitably they would. Bert loved the old buildings and the challenge to his ingenuity that they presented.

George Crabbe, as 'head honcho' in the steam plant, presided over the only modern building in the complex until the new laundry and carpenter shops were constructed. He was noted for keeping his domain squeaky clean and tidy. One had to approach the boiler house with the same care with which one would enter an operating room.

Larry Bradley was chief of stores, which included storage of patient clothing and, until the hospital's new laundry came into operation, distribution



Administration staff, ca. 1955. From L. to R., Front Row: R. Bergmann, H. E. Horne, D. Hazlett, Max Clark, J. B. Thompson. Centre Row: Betty McWilliam, Mary Carmichael, Mrs. H. Latham, G. L. Blackburn, J. Pasnak, Jenny Wengreniuk, Edith Nyland. Back Row: Mrs. B. O'Neill, Ethel Mays, Alice Scabar, Mrs. R. Gibbs.

of linen supplies. The main storage area was located in the catacombs beneath the former Jesuit College, where maintaining the large variety of hospital supplies in any sense of order presented a constant problem. Larry was later placed in charge of the house-keeping department in the new building. A person with a positive outlook and secure personality, he was one of the more popular and effective supervisors in the hospital.

Bert (Smitty) Smith and his sidekick, Harold Conlin, operated the transportation and security sections of the hospital. They also engaged in many extra-curricular activities including providing movies in the recreation hall for patients and staff and annually organizing what was probably the best staff children's Christmas party in the city.

There were many others equally worthy of mention. Apologies for their omission are hereby proffered and hopefully will be accepted by the many who shared experiences with those referred to above.

What made this period in the hospital's development particularly intriguing was the possibility for staff to experience vicariously the romance and adventure of life in the Arctic, without having to suffer any of the hardship associated with that hostile environment.

It was a time of change in the north. The DEW (Distant Early Warning) line of radar stations was established along the Arctic coast for the defense of North America. Predictably this affected considerably the traditional nomadic life-style of the Eskimos (or Inuit as they now prefer to be called). The hunting and trapping activities of the Indian population were also affected by the northward push of a diminishing frontier. Charles Camsell Hospital, as the hub for the provision of health services to the Indian and Inuit population, was very much involved in this process by establishment of an increasing number of nursing stations and health centres throughout the north.

In the meantime, back at the hospital, the lengthy period of treatment required for tuberculosis, and the increase in the number of new cases being detected by intensive X-ray surveys, was putting pressure on the hospital's bed capacity. The peak was reached in 1952 when average daily occupancy during the year reached 513, all but 67 being tuberculosis patients. As this was the daily **average** occupancy, there were periods during the year when the number of patients would be even higher, 543 being the maximum. In subsequent years there was a gradual decline in the number of TB patients due to a shorter average length of stay as a result of improved treatment methods and

earlier detection. This permitted the hospital to increase the beds available for general care, and the number of active treatment patients increased accordingly.

Changes were also taking place in the field operations of Foothills Region. In 1955 'Northern Health Services' was established by cabinet order and the federal department of health became responsible for the co-ordination of curative and preventive medical services for the general population of the Northwest Territories as well as for the Indian and Inuit. Indian Health Services thereafter became known as Indian and Northern Health Services, the former having been a misnomer because of involvement not only with Indians but also with the Inuit population and all residents of the Territories who had TB.

It had become evident, even before the additional northern responsibility, that both the hospital and the regional field operations had become too large, and too dissimilar, to be included under one administrative umbrella. The hospital, while remaining a part of the Foothills Region, became a separate administrative unit in late 1954. Dr. Matthew Matas, a very popular and highly respected member of the hospital's medical staff, was appointed Medical Superintendent. Dr. Falconer retained his post as Regional Director and he, together with some administrative staff, set up offices in a converted residential building within the hospital complex. Further expansion in later years necessitated moving regional headquarters to offices in the downtown area.

Responsibility for provision of public health services to the Indian reserves constituting the Edmonton Agency was retained by the hospital. The area included the reserves west and north of the city plus a portion of northeastern Alberta extending from Lac La Biche to a reserve at Anzac in the vicinity of Fort McMurray. A doctor and a public health nurse, and later, two public health nurses, were stationed at the hospital to provide this service.

Dr. Matas' appointment greatly enhanced the hospital's standing within the medical community due to the high esteem with which he was regarded by his associates. It was during his regime that the hospital first received, in 1957, accreditation by the Joint Commission on Hospital Accreditation, a status not lightly bestowed and a tribute to the standard of patient care being provided.

It was not long after Dr. Matas' appointment that Garnet Hollingshead was recruited to fill the position of assistant director, replacing Jack Horne who had been promoted to Assistant Director (Administration) at Region. Garnet brought with him a thorough knowledge of hospital organization, gained primarily through previous administrative experience at

both the University and Royal Alexandra Hospitals, the two major medical facilities in Edmonton. He later qualified as a member of the American College of Hospital Administrators.

Garnet's appearance on the scene was a stroke of good fortune as it was at this time that serious consideration was being given to construction of a new hospital building. His leadership and special knowledge were, in large measure, responsible for the successful planning and eventual realization of this complex undertaking.

The extremely dangerous fire hazard presented by the redwood buildings provided the main impetus to efforts by officials of the hospital and regional headquarters for authorization of a replacement program. Although the hazard had been reduced somewhat by removal of all residential units to vacant lots located to the north and to the east of the main hospital complex, the California redwoods still presented a horrendous hazard with their wooden exteriors, support structures, flooring and cedar shingles. It was only by constant vigilance of all staff, frequent fire drills, the excellent cooperation of the City of Edmonton Fire Department, and a lot of luck, that potentially tragic occurrences were avoided.

During 1959 the Hon. Waldo Monteith, Minister of Health and Welfare in the newly-elected Progressive-Conservative government headed by the Rt. Hon. John Diefenbaker, visited the hospital to see for himself the state of the buildings. Soon after this visit approval in principle was granted and hospital officials were authorized to proceed with planning for the new facility.



Dr. G. D. W. Cameron, Deputy Minister, Dept. of N.H. & W., Dr. L. E. C. Davies, Archdeacon Clough, Dr. H. Meltzer, Dr. M. Matas, Mr. H. V. Roberts, Dr. G. C. Gray, Miss F. E. Taylor, Dr. W. L. Falconer. Centre Front: Hon. J. W. Monteith, Minister, Dept. of N.H. & W., Hon. Marcel Lambert, M.P., Dr. P. E. Moore, 1959.

Another significant development toward the end of the decade was introduction of a federal-provincial hospital insurance plan which provided for universal hospitalization coverage for the population (including Indians) of participating provinces. The "Hospital Insurance and Diagnostic Services Act" which set out conditions for participation by the provinces was enacted by the federal government in 1957. Alberta passed the necessary enabling legislation during 1958. Tuberculosis care was excluded from provisions of the new plan as each province already had its own program for combatting this disease. The federal-provincial health plan was administered by the provinces, health being a provincial responsibility under the British North America Act. The federal government participated in financing of the plan on a more or less fifty-fifty basis.

A consequence of the new legislation was the Charles Camsell Hospital, for the first time, became partially accountable to the provincial department of health. The province, now the paying agency for Alberta residents (including Indians) hospitalized for other than tuberculosis care, required that the 'per diem' rate paid to the hospital be justified by verifiable costing. This necessitated much more sophisticated accounting procedures than had previously been necessary. At this time approximately forty per cent of patients in the hospital were being treated for ailments other than tuberculosis.

It was under these changing circumstances that the hospital entered into what turned out to be a somewhat hectic new decade — the 'turbulent sixties'.

"Metamorphosis"

Planning for and construction of a new building to replace the existing conglomeration of old and temporary buildings constituting Charles Camsell Hospital dominated administrative activities during most of the 1960's. With the exception of the start-up period during the mid and late 1940's, no period in the hospital's development was more eventful or more controversial. Once again Charles Camsell Hospital was much in the news.

There was little indication at the start of 1960 that there would be other than smooth sailing towards the realization of a new beginning for the hospital. Federal cabinet approval for the new building was granted early in the year and the Department of Public Works (DPW) was instructed to proceed with the project. The architectural firm of Rule, Wynn and Rule was retained and Gordon Forbes of that firm designated project architect. John A. MacDonald Architects Ltd. and Wood and Gardener Architects Ltd. were appointed associate consultants for the

project. A tentative schedule was established calling for construction to begin early in 1963. It was estimated that the time required for completion would be approximately two years.

Planning within the hospital was progressing well. A committee consisting of the Medical Director, Assistant Director (Administration) and the Director of Nursing was established to co-ordinate and review submissions from the various departments outlining their requirements in the new building. In this way all supervisory personnel were brought into the planning process. The project architect worked with department heads and with the planning committee to ensure that requests were practical and within reason.

Members of the medical staff were active in determining requirements for clinical areas such as pediatrics, surgery, obstetrics, ophthalmology, outpatients, recovery room and others. Early in the planning process two of the ward charge nurses, Myrtle Bibaud and Laura Lissack, were designated to work full time at researching and developing a plan for a typical nursing unit. This was considered particularly important as the size and design of the patient floors would, to a large extent, determine the shape and general design of the building. That the overall design arrived at by this sub-committee was incorporated into the final plans with very little, if any, change is a credit to the manner in which these two nurses performed their appointed task.

In the midst of all this activity, other aspects of life at the hospital proceeded more or less normally. There were, however, some new developments affecting the administrative functions.

The federal-provincial hospitalization insurance plan was extended in 1961 to include all residents of the Northwest and Yukon Territories. Length of stay in hospital for patients from these areas became a contentious issue due to a refusal by the paying agency to accept responsibility for anything beyond a "normal" period of hospitalization. Patients from isolated areas in the north generally require a higher than normal degree of recovery before being discharged home where follow-up medical care may not be readily available. Attempting to determine what period of hospitalization would be acceptable required rather complicated documentation and accounting procedures.

Also during 1961, all zone commitments of Charles Camsell Hospital — i.e. responsibility for provision of public health services to reserves of the Edmonton Indian Agency were transferred to the Northern Alberta Zone of Foothills Region. This left the Camsell free to function only as a hospital, al-

though still serving as a medical resource and consultant centre for the region.

Some time later (1962) Dr. Matas was transferred to Foothills Regional Headquarters as Associate Regional Superintendent. Dr. Gordon Gray, a specialist in orthopedic surgery and rehabilitative medicine at the hospital since the early days, was selected to succeed him as Medical Director. Like Dr. Matas, Dr. Gray was held in high esteem by the medical fraternity. It was about this time that some doubt was being expressed in high places regarding the future of plans for the new building. Dr. Gray found himself in the midst of the ensuing controversy.

The first indication that anything was amiss occurred in August 1962, in the form of an announcement out of Ottawa that, as part of an overall restraint program, all public works projects not already under construction were to be suspended pending further review. This was followed some months later by an announcement by the federal health department that, due to budgetary considerations, all work on the new Charles Camsell Hospital was to be postponed indefinitely, although the project was still included in long-range plans,

These circumstances brought everything to a grinding halt just as planning had reached a stage where an early call for tenders and subsequent start of construction could be foreseen. There was, however, further bad news to come.

On September 16, 1960 the government of the day (Progressive-Conservative) had established, by order-in-council, a "Royal Commission on Government Organization" with a mandate to study all aspects of organization within the federal government and to make appropriate recommendations for improvement. The commission was chaired by J. Grant Glassco of Toronto and became known as the "Glassco Commission".

As a result of this study, which involved 'experts' delving into the operation of all governmental departments and agencies, four voluminous reports were eventually produced. The third of these, released in January 1963, included a section dealing with provision of health services to native populations. Within this section was the following reference to Charles Camsell Hospital:

"The excellent work of Charles Camsell Hospital with native patients has earned for it an enviable reputation. Its existence, serving only Indian and Eskimo patients, has made the prospect of hospitalization reasonably acceptable to shy Indian and Eskimo patients who might have been less responsive to treatment, particularly long-term tuberculosis treatment, in a setting where they were in the minority among white patients."

There was certainly nothing ominous about the foregoing. The report, however, went on to say that the commission saw the need for such 'segregated'

hospitals diminishing. This section of the report ended with the following recommendations:

- "(1) A positive program be developed for the more rapid transfer of Indian health care to normal community facilities in populated areas of the provinces.
- (2) Where possible, medical and dental care be arranged through private practice (with federal government bearing the cost of prepaid medical plans where necessary).
- (3) The referral hospitals, Charles Camsell at Edmonton and Coqualeetza at Sardis, B.C., be neither rebuilt, nor extended."

The report, coupled with the austerity measures already introduced by the federal government, dampened the hopes of those who had worked so enthusiastically on plans for the new building.

Despite many representations documenting the urgent need for updating the facility put forward by Dr. Falconer, Dr. Gray and others involved in the provision of treatment services to native populations, resolution of the issue was probably due as much to the vagaries of political fortunes as to logical argument.

A federal general election was called during 1963 in which the government headed by the Rt. Hon. John Diefenbaker was overturned primarily over an issue having something to do with Bomarc missiles. The Liberal party, under the Rt. Hon. Prime Minister Lester Pearson, was back in power albeit in a minority situation. The Hon. Judy LaMarsh, a high-profile politician, was appointed as the new Minister of Health and Welfare.

There is no way of knowing what the outcome regarding the new hospital might have been had a change in government not occurred. There is little doubt, however, that the election result worked in favor of those advocating an early reinstatement of the project.

In the meantime, the Canadian Council on Hospital Accreditation (CCHA), the successor to the Joint Council which had included both American and Canadian representation, withdrew the accreditation previously granted. While acknowledging the high standard of patient care being provided at the hospital, the Council stated that it could not in good conscience continue accredited status owing to the hazardous conditions inherent in the existing physical plant.

The loss of accreditation created additional pressure for an early decision. It was evident that the only alternatives to proceeding with the project included some political risk in the sensitive area of provision of adequate services to natives. This was particularly so in the case of a minority government. Continuing

in the existing buildings would, in effect, be providing something less than a first-class health service whereas closing down the hospital entirely would likely be interpreted as a lack of interest in continuing a comprehensive service to natives.

Miss LaMarsh made a hurried visit to Edmonton. She was accompanied on her inspection tour of the hospital by an entourage of anxious regional and hospital officials, including doctors, nurses and administrative personnel, a fact that, in a subsequent report to Parliament, she likened to being "followed around by a lot of puppies, they were so anxious that their patients should have the facilities".

Word that the hospital would in fact be built came in the form of an announcement from the prime minister's office dated January 2, 1964 — a year, almost to the day, after release of the Glassco Commission report recommending against the project. The determining reason for the decision to proceed was "the history of absolute inability to obtain personnel and facilities so far above the tree line".

Plans for the new building were dusted off and work resumed with renewed vigor. By September 1964 tenders had been called and the general contract awarded to McNamara Construction (Western) Ltd. on submission of the low bid of just under seven million dollars (\$6,788,000.00 to be exact). The electrical consultant was the late Bruce Allsopp of Allsopp Morgan Engineering Ltd. The firm of Angus Butler Engineering Ltd. was engaged to do the mechanical design. Industrial Power was sub-contractor to McNamara Construction for both the electrical and mechanical contracts.

Preliminary work on the new structure began almost immediately, although the ceremonial sod-turning did not take place until October. Dr. Percy Moore turned the first sod, an occasion which he described as "one of the happiest days of my life". And well he might. Not only had he presided over the very beginning of the hospital, but was now presiding over a new beginning which would ensure that Charles Camsell Hospital would endure. It was not long after this event that Dr. Moore retired.

For the next two years patients and staff were able to observe the new hospital taking shape — first the excavation, then the steel framework and finally, brick by brick, the sandcolored masonry being put into place.

In the meantime necessary equipment for the new hospital had to be ordered. The various departments were busily engaged in determining requirements and Jack Hawkes, hospital purchasing agent at the time, was kept extremely busy drawing up equipment specifications and submitting the necessary requisitions. These were heady days! After so many years of



Sod-turning ceremony, October 19, 1964. From L. to R.: Mr. J. D. Campbell, Provincial Government, Mayor Wm. Hawrelak, Mrs. Forbes, Mrs. Matas, Mike Shalak, Dr. M. Matas, Dr. P. E. Moore, Dr. G. Gray, Mr. G. Forbes, Architect, Anita Cardinal.

operating on a 'shoe-string' basis, hospital officials found themselves with a huge budget for the purchase of initial equipment and supplies for the new building. It was difficult not to yield to the temptation of going overboard, but somehow things were kept reasonably under control. Once the equipment started to arrive, storage became a problem. Every garage and nook and corner that could be found was utilized pending completion of the new building.

There were very few hitches in the actual construction other than the "kerfuffle" regarding laying of the cornerstone, described elsewhere by Gordon Forbes. The hospital was completed close to schedule and equipment purchased specifically for the new building began to be put into place in the spring of 1967. The first department to be utilized in the new building was the kitchen. Meals were prepared in this spanking new facility some days prior to occupation of the building by patients and other staff.

There was much preparatory work required for the general move into the new building, the bulk of which was borne by nursing service under the able direction of Elva Taylor, Director of Nursing. Miss Betty Drury, a member of the staff in the nursing office, was designated to supervise all details in connection with the transfer of furnishings and equipment. Every piece of equipment to be moved from the old to the new building, down to the most minor item, was tagged as to its destination. Special arrangements were made for moving patients, with particular care to those seriously ill. All departments were mobilized and tasks assigned. Finally a ramp was constructed connecting the old buildings with the new. Everything was in readiness for the move.

Moving day (July 11, 1967) arrived and immediately after breakfast had been served, everything

was put into motion. Right on schedule, at 8:00 a.m., the first patient started down the ramp. All appeared to be chaos for a time but, to the surprise of many, out of chaos came order and the entire move was completed within hours — thanks largely to the excellent

organizational work done by the nursing staff. The actual move appeared to be something of an anticlimax after all the anticipation and planning that had preceded it.

Epitaph to a Scarred Warrior

Norma Busby

Employed 1957-1971 on a part-time and full-time basis as general duty nurse, night supervisor, medical-surgical and later pediatric-obstetric

supervisor. Transferred to Occupational Health, Medical Services, Winnipeg in 1971. Still employed. Living in Winnipeg.



Tomorrow we start a new era
Tomorrow we start life anew
The tools of our trade are awaiting
The door stands to welcome us through
The empty new building stands ready
To be filled with compassion and pride.
A nostalgic feeling comes o'er me
As the floor creaks under my feet,
The last time to tread these hallways
The last patient at the door to meet.
The Good Lord must have stood by us
How the building survived, I don't know,
The patients it has housed and protected
I know, to forget, will be slow.
The roof leaked,
The floor creaked,
The wind blew,
The conveniences in total were few
And yet the old Camsell stood by us,
A challenge it offered the New!

Almost as soon as they were vacated, demolition of the old buildings began. Fortunately staff were much too busy to mourn the passing of the old picturesque facility that was the repository of so many memories, both pleasant and sad. The last to be demolished was the Jesuit College. The manner in which this venerable old structure stubbornly resisted the demolition hammer was something to behold. Inevitably it finally succumbed and with its passing all of the old facilities that had served so well, and which had proven so uniquely suited to the special clientele for which they had been established, were no more. In their place stood a modern hospital not too unlike any other urban hospital but one which already possessed a colorful and proud history.



OFFICIAL OPENING CHARLES CAMSELL HOSPITAL

Department of National Health and Welfare

EDMONTON, ALBERTA,
TENTH OCTOBER, NINETEEN HUNDRED AND SIXTY-SEVEN

The ceremonial opening of the new building did not occur until October and once again the politicians appeared to have difficulty in getting their act together. The Hon. Allan MacEachen, then serving as federal health minister in addition to his duties as House Leader in the Commons, was to perform the honors. He got as far as Winnipeg before being taken

PROGRAMME

The ceremonies will begin at 3:00 p.m.

Chairman, G. C. Gray, M.D., Superintendent, Charles Camsell Hospital

O CANADA

Introduction of platform guests

Invocation by Father E. Rheume

Greetings from M. R. J. Orange and Mr. E. A. Coté

Remarks — John N. Crawford, M.D.

— The Honourable George J. McIlraith

Presentation of the hunting knife to the

Honourable George J. McIlraith

Cutting of the thong to officially open the building

Dedication by Archdeacon C. F. A. Clough

GOD SAVE THE QUEEN

Music by the Band of the Princess Patricia's Canadian Light Infantry

under the direction of Captain G. Naylor

by the kind permission of the Minister of National Defence

from the plane and whisked back to Ottawa to preside over a crucial vote that apparently threatened the continued existence of the minority government. The Hon. George McIlraith, Minister of Public Works, cut the ceremonial ribbon in his stead. He was assisted in this task by two young patients, Sam Tegoateak, a young Inuit from Cambridge Bay, and Betty Waterhen, a Saskatchewan Indian. Dr. Gordon Gray chaired the proceedings with representatives from the province and the city also participating.

There was one other foul-up (pun intended) that could not be blamed on the politicians. The contractors had begun landscaping of the area just south of the main entrance where the ceremony was to take place. Just days prior to the event several tons of pig manure were unceremoniously dumped and spread over the area. The aroma emanating from this on a warm Indian summer day need not be described.

Other than the usual settling-in problems, matters proceeded in the new building more or less normally, with one exception. During all the years of operation under the hazardous conditions of the old facility there never had been a serious fire. Within months of moving, a mattress fire occurred on the seventh floor. Fortunately the fire was contained and

patients were evacuated from the area without injury, but there was considerable smoke damage throughout the seventh floor. The lesson was learned that new and modern structures do not in any way lessen the need for continual vigilance in the prevention of fire.

Early in 1968, Dr. Gray resigned his position as Executive Director at the hospital to accept a post in rehabilitation medicine on the outside. Dr. T. J. (Tom) Orford, who had returned to the hospital after serving in several capacities within the service including a term as Regional Director for Saskatchewan, agreed to serve as Dr. Gray's successor on a temporary basis. A chronic heart condition unfortunately prevented him from accepting the position permanently.

It is worth noting that up to and including the appointment of Dr. Orford, all directors of the hospital had been doctors who had spent the major portion of their professional lives in the work of providing health services to the native population. When Dr. Orford left the post in 1970, it was the end of an era. That he should be the one to complete the era is particularly appropriate. He was truly a pioneer having started his career in federal health services in 1936 as a medical officer in an isolated area of the Eastern Arctic, Pangnirtung, Baffin Island.

Two significant events occurred during the late sixties which were to have a considerable influence on the future of Charles Camsell Hospital. During 1968, an agreement was reached with the Alberta government whereby the province undertook to maintain control and treatment of tuberculosis for Indian residents. Effective July 1, 1968, the tuberculosis unit of the hospital admitted only patients from the Northwest and Yukon Territories. This had the effect of reducing the average occupancy of the tubercular section to 45 by 1970 as compared with 446 during the peak year of 1952. The other significant event was implementation, also in 1968, of the federal Medical Care Act which, in effect, placed payment of doctors' fees on the same basis as hospital charges, i.e. by means of a universal government-operated health insurance plan. Alberta joined the program in 1969.

As a result of changing circumstances, including a general decrease in hospital utilization by the native population due to improved health conditions, bed occupancy was dropping below the level of economic viability. It was at this time that the hospital began to open to the community by granting admitting privileges to private practitioners. The trend began during Dr. Orford's term as administrator and continued throughout the 1970's, culminating in transfer of the

hospital to provincial jurisdiction at the beginning of the following decade.

There were, of course, many people other than those already mentioned who were very much involved in the administrative function during these times. Some who come to mind are: Theo (Theodora) Graham who piloted the hospital through a labyrinth of complicated accounting procedures before moving on to regional headquarters; Russ Burrows who also worked for many years in the accounting section; John Kirkman who succeeded Larry Bradley as chief storeman and later became purchasing agent, a post he still occupies. John's successor as chief storeman was Dick Tebb, also still at the hospital. Another whose name comes prominently to mind at this time is a personable young Cree Indian from Saddle Lake who worked in the accounting section during the early sixties. Charles Wood was recently appointed Zone Director of Medical Services, Northern Alberta Zone.

The Hon. Marcel Lambert, who for many years represented Edmonton West in parliament, was a frequent visitor at Charles Camsell Hospital during these times. His interest in the hospital was not confined to electioneering opportunities or publicity-productive occasions. Marcel rarely neglected to visit whenever constituency business brought him to Edmonton. These visits were never intrusive even when the purpose was to investigate a complaint about the hospital by a constituent. Obviously his interest in and attention to the concerns of those who elected him were prime ingredients in this adroit politician's durability.

"Melding into the Community"

Endeavors during the 1970's were directed primarily to finding an appropriate role for the hospital under changing circumstances. A continuing decline in patients from traditional sources necessitated introduction of measures designed to encourage utilization by the general population.

There was a considerable demand at the time for auxiliary (long term) care beds so one ward was made available to this type of patient. It was proposed also that another unit (42) be converted to accommodate psychiatric patients requiring acute, short-term care. This proposal eventually had to be abandoned (not, unfortunately before extensive alterations to the area) due to staffing difficulties and lack of any demonstrable need for the facility.

In the meantime, the introduction of universal health care insurance encouraged many of the salaried medical staff to enter into private practice while retaining their association with the hospital. Efforts to recruit other private practitioners to medical staff

membership were continued and intensified. Coincidentally the hierarchy at Medical Services in Ottawa began to look beyond the confines of their own operations to fill the chief executive position at the hospital.

The first of the 'outsiders' to be appointed was Dr. Robert E. Croome, a former DVA administrator in Ottawa, whose tenure of approximately two years began in May 1970. Dr. Orford, his immediate predecessor, remained with the hospital as medical director until taking his retirement in the autumn of 1971. It was during this period that full accreditation status was reinstated by the Canadian Council on Hospital Accreditation (CCHA).

A man with a colorful past and a reputation as a 'hard-nosed' administrator, Dr. Croome had been during his varied career: a paratrooper, a professional football player (Toronto Argonauts), a junior football coach, and a practising surgeon. He fully lived up to his reputation as a hard-driving administrator and a strict disciplinarian. In early 1973 he returned to Ottawa and later succumbed, at a relatively early age, to the final in a lengthy series of heart attacks.

Next in line as executive director was Jean-Pierre Kingsley, a cohort of Dr. Croome during their time together at DVA in Ottawa, and recruited by him to fill the position of associate executive director at the hospital when Garnet Hollingshead transferred to Alberta Region in 1971. As his name would indicate, Jean-Pierre was fluently bilingual, a talent much in demand in the federal public service. He left, after serving as executive director for just under a year, to accept a higher posting with another department in Ottawa.

Next, in what by this time appeared to be a procession of executive directors from Ottawa, was Paul Ward, a chartered accountant with a previous background in hospital administration. A 'beanpole' type physically and something of a fitness buff (having previously overcome a tendency to obesity) his friendly style of management proved both popular and effective. A somewhat compulsive innovator, accomplishments during his relatively short term included establishment of a Department of Family Practice and introduction of 'day surgery' (same day admission and discharge of patients requiring minor surgical procedures). Paul returned to Ottawa in late 1974 for family reasons.

Finally the revolving door for chief executives was halted by a decision to confine the search for Paul's successor to the local area. As a result, A. E. (Andy) Boehm was appointed in December 1974 and continued in the post until September 1980.

Rumors concerning an impending transfer to provincial jurisdiction were rampant throughout the

1970's. Federal authorities made no secret of their desire to get out of the hospital business. Coqualeetza Indian Hospital at Sardis, B.C. had long since been closed and other federal hospitals, including some operated by DVA, had either been or were in the process of being transferred to other jurisdictions. Although high level discussions between federal and provincial representatives were carried on throughout most of the decade, it was not until late in 1980 that the transfer actually came about. A brief ceremony took place on December 13, 1980 at which the federal health minister, the Hon. Monique Begin, gave a symbolic key to her provincial counterpart, the Hon. Dave Russell, provincial hospitals minister. Alderman Ron Hayter, chairman of the board of trustees for hospital district #106, also participated in the ceremony.

In the meantime, Andy Boehm had moved with his family to continue his career in, of all places, Ontario. He was succeeded, in September 1980, by Nicholas Synenko who presided over the transfer to provincial jurisdiction. William Dartnell, the present incumbent, was appointed in October 1981. Charles Camsell General Hospital, as it is now known, continued to thrive under his direction and is very much accepted as part of the community.

It is perhaps a quirk of fate that the community which viewed with some apprehension the 'birth' of the hospital in 1945 should, in the end, reap the benefit of a modern community hospital as an alternative to mega-hospitals such as the University and the Royal Alexandra. The neighborhood, of course, also underwent considerable change over the years. What was, back in 1945, considered to be the outer edge of the city is now almost a part of the city's inner core.

Despite the change in jurisdiction, Charles Camsell General Hospital remains the hospital of choice for many of the Indians from surrounding reserves as well as for those living within the city. Some reminders of the hospital's original role remain. On the west wall of the main floor waiting room is a mosaic mural, designed by Alex von Svoboda of Toronto, depicting the early Indian and Eskimo way of life. At the hospital's main entrance is the cornerstone with its notorious falsehood within the inscription. Falsehood or not, it is proper that the Hon. Judy LaMarsh's name be perpetually embedded on the stone as a remembrance of the lively lady who did so much to resurrect the hospital when its future was much in doubt.

Camsell Cornerstone by Gordon Forbes

As a member of the firm Rule, Wynn & Rule,

Gordon Forbes was the project architect for the construction of the new Charles Camsell Hospital. He joined the firm in 1949 and has been there ever since, becoming a partner in 1963 and joining the Board of Managers in 1966. The firm is now known as Wynn, Forbes, Lord, Feldberg, Schmidt.

A visitor approaching the main entrance to the Camsell Hospital will notice that the wall to the right is finished with blue marble. In the centre of this panel is a cornerstone with an inscription carved on it. The stone is weather worn and over the years, the gold paint has flaked off the incised letters of the inscription. To a casual observer it does not warrant a second look. Its anonymity, however, belies its curious history, the events of which took place over a period of two years in the course of which ministers of the Crown, deputy ministers, two Federal departments in Ottawa and their regional offices in Edmonton, the hospital administrator and the architects were to be involved. It is a story worthy of preservation.

As project architect, I was involved from the beginning in planning and supervising the construction of the building. It was my intention to use an attractive material to accent the main entrance. As this was a Federal Project it was also important that the material be a Canadian product if possible. Quite by chance, among a selection of marble samples, I found what I was looking for. It was a beautiful veined marble in predominant blue tones verging to white and was quarried in northern Ontario. I decided to specify this material, not only for the exterior finish at the entrance, but also as the interior finish for the elevator lobby and the public waiting room. The specifications included a cornerstone suitably inscribed.

As the work of construction proceeded we requested shop drawings from the marble supplier which would show the size and shape of all pieces of marble which were to be installed. We also inquired as to the approximate delivery date of the marble to Edmonton. The supplier of the material requested information on the wording of the inscription for the cornerstone in order that it could be prepared at the quarry before shipping to the hospital site. In response to this communication I requested that the Department of Public Works (DPW) provide the exact wording of the text that was to be inscribed.

Several weeks passed without any word from the client. One morning, after a meeting on the site with the contractor, I stopped in to see the Administrator, Dr. Gordon Gray, to report progress. He had received a request from his head office in Ottawa to suggest the wording for the inscription and was mystified by the request. He felt that this was a responsibility

which should be assumed by someone in higher authority and, in any case, he did not have the slightest idea of a suitable inscription.

Having observed the operations of bureaucratic public service over a period of years, I recognized the pattern of "buck passing". The sequence of actions was: request to DPW Regional Office to Head Office; DPW Head Office to Department of National Health and Welfare (DNHW) Head Office; DNHW Head Office to DNHW Regional Office and Regional Office to Gordon Gray. The solution to the problem was to keep the "buck" moving.

I suggested to Dr. Gray that we go to the cafeteria and compose a suitable inscription over a cup of coffee. This task was completed in a matter of fifteen minutes and the inscription was reasonably brief and to the point. The suggested text was then passed back to Regional Office DNHW by Gordon Gray on April 12, 1965 and was as follows:

Charles Camsell Hospital

An enduring tribute to a life of dedicated service.

The Hon. Judy LaMarsh,

Minister Of National Health & Welfare

June 1965

Having met our responsibility, we now waited for the process to reverse itself. I was convinced that no one above the level of hospital administrator realized that time was getting critical. Once the inscription was approved and received in our office, a scale drawing of the stone had to be prepared for the use of the marble supplier in preparing the lettering on the stone before it was shipped. It would have to show the spacing of the words, size and type of letters to be incised on the stone and the overall dimensions of the stone which would form part of the marble facing on the wall. Once the drawing was received by the supplier it would have to be reproduced by him on a full-sized drawing and returned to us for final approval. After our approval it would be returned to him and the quarrying of the stone could begin. This process, which is normal in the construction industry, could take two months if everyone concentrated on his job and if everything went well. I was not convinced that this would be possible.

My apprehension was fully justified by our next communication from Ottawa. Our suggested inscription was "not appropriate". It must be bilingual. We would be advised in due course of the proper wording.

On June 30 we received the long awaited information. The stone was to be engraved with the following texts;
in English —

**This Cornerstone
Was Laid**

July 28, 1965

By The

Hon. Judy V. LaMarsh P.C., Q.C., M.P.

Minister

Department of National Health and Welfare

in French —

Cette Pierre Angulaire

Fut Déposée

Le 28 Juillet 1965

Par

L'Hon. Judy V. LaMarsh P.C., Q.C., M.P.

Ministre Du

Ministère de la Santé Nationale et du

Bien-Être Social

The English version was to be on the left and the French version on the right with the coat of arms of Canada between. We were requested to forward drawings for the use of the Contractor preparing the stone as soon as possible.

The covering letter from the District Architect read as follows:

Department of Public Works

P.O. Box 488

Edmonton, Alberta

July 2, 1965

Rule, Wynn & Rule Associates

Architects

10437-123 Street

EDMONTON, Alberta

Dear Sirs:

Re: EDMONTON, Charles Camsell Hospital
Cornerstone.

Attached is the English and French version, as approved by Ottawa, of the inscription to be carved on the Cornerstone.

It is anticipated that the stone carvers would have details available of the Canadian Coat-Of-Arms.

The general layout will be in accordance with the standard plan forwarded to you with my letter dated June 29, 1965.

Since the scheduling is critical, would you please ascertain a definite written commitment from the General Contractor that the stone will be on site July 23, 1965. This information is extremely important and I would like to have this assurance by July 6th at the latest, please.

Kindly forward copies of your layout plan as soon as possible.

Yours truly,
District Architect

My response several days later was not reassuring:

July 5, 1965

District Architect

Department Of Public Works

P.O. Box 488

Edmonton, Alberta

Re: Charles Camsell Hospital
Cornerstone

Dear Sir,

Enclosed are two prints each of sketches #106 and #123 of the Cornerstone.

We have previously sent copies of these drawings to the General Contractor, who has been informed of the urgent need to give you an assurance of a delivery date.

Since this information has to come from the Marble Contractor in Montreal, notification of the delivery date will not be possible by July 6th as you request. However, the Contractor has agreed to expedite the matter as much as possible and will notify you as soon as he has the information.

Very truly yours,
Rule, Wynn & Rule
Associates

Time was now critical and it appeared that the schedule was impossible to meet. The spectre of a cornerstone laying ceremony without a cornerstone to lay might in fact be the reality. This fear was shared by the Local and Regional officials of both the Hospital and the Department Of Public Works and it was obvious to me that unless someone in Ottawa took the initiative in expediting the delivery of the stone, we would be involved in a very unhappy incident. Relief came none too soon. On July 21 we received a copy of a communication emanating from the Chief Architect of DPW in Ottawa. The significant paragraph in this letter was this reassuring information:

"Arrangement has been made to have the inscribed stone leave Toronto by air-freight on July 23, 1965. Our District Architect, Toronto, has agreed to check the inscription and expedite the completion."

Having been relieved of responsibility for all aspects of the stone and the official ceremonies, I now became a spectator and watched with interest the

frantic activities of government officials who had been mildly disinterested in the past few months, but who were now scrambling to meet the deadline that was rapidly approaching.

Preparations for the ceremonies were going very well at the Hospital. Guest lists had been prepared, programs printed, the platform for the official party erected.

In the midst of this activity my partner John Rule had been busy on another aspect of the official ceremony. He discussed with me the appropriateness of presenting a suitable gift to the Minister as a souvenir of the occasion. His choice was a polished silver trowel with a walnut handle about ten inches long inscribed with the words:

Presented to
The Honourable Judy LaMarsh
Minister of National Health & Welfare
for the laying of the cornerstone
Charles Camsell Hospital, Edmonton, Alberta
July 28, 1965
Rule, Wynn & Rule Associates, Architects

In due course the gift arrived in a polished walnut box lined with blue velvet; a very handsome gift indeed.

The cornerstone arrived as scheduled on July 23 via air freight. Its arrival was discovered by the media on a tip from an anonymous "official of the hospital" and the Edmonton Journal featured it on an inside page of the July 28 issue as follows:

"Stone Flies to City at Cost of \$148.

This rolling stone cannot afford to gather any moss. It has already cost \$148.00 to roll it from Toronto to Edmonton via air express.

That is what the Canadian taxpayers will be charged for the 800 pound marble cornerstone flown from Ontario by Air Canada to the site of the new Charles Camsell Indian Hospital this week."

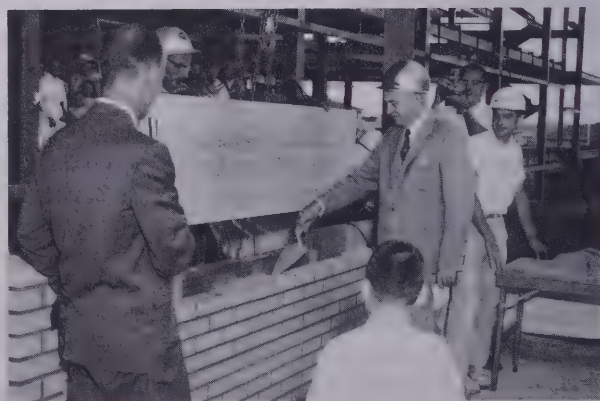
The article continued in the same vein quoting additional expenses for engraving and polishing and concluded with a statement from the General Contractor that "Edmonton lacked the necessary facilities to do the job."

By this time all preparations had been completed. The stone had been uncrated and inspected by myself to confirm that the inscriptions were correct and that the stone was undamaged in shipment. It was set on a wooden trestle, properly draped and a block and tackle had been erected on a tripod nearby by which the stone would be raised and lowered to its place. As the masonry work on the wall had not been completed it was intended that the stone would be removed after the ceremony, re-crated and stored until the wall was completed, at which time the masons would install it in its permanent position.

In addition to the cornerstone, a copper box was to be installed in a niche behind the stone in which would be sealed a selection of artifacts and articles in current use which would be of interest to some future generation when the eventual demolition of an obsolete building would reveal the box and its contents. A suggested list of articles included a history of the Charles Camsell Hospital written by Dr. W. L. Falconer, a movie film of the old hospital also by Dr. W. L. Falconer, samples of Indian and Eskimo handicrafts and a photograph of Dr. Camsell.

The guest list of the official party was impressive. In addition to the Minister, the Honourable Judy LaMarsh, there would be Mr. Ken Newman, Acting Mayor of Edmonton, Mrs. M. O. Klotz, daughter of the late Dr. Camsell, and other dignitaries representing government and health agencies.

The morning of July 28 was bright and sunny and our apprehension regarding the possibility of bad weather marring the ceremonies was dispelled. I visited the site for a last inspection of the facilities and, as usual, stopped in at Dr. Gordon Gray's office to assure him that everything was under control. He was slumped at his desk holding a telegram in his hand, his face reflecting a mixture of frustration and despair, and said "She's not coming!" He handed me the telegram which I scanned quickly. The Honourable Minister, the principal player in our little drama, had been delayed by urgent Cabinet business and would be unable to attend the ceremony! I could think of no suitable comment, slid the telegram across his desk, sat down and waited. "Dr. Procter will substitute for her," he said.



Ceremonial laying of the cornerstone. Dr. Gordon C. Gray, Executive Director, Charles Camsell Hospital (with microphone), Dr. H. A. Procter, Director General, Medical Services, Dept. of N.H. & W., John Avelengnak, Holman Island, N.W.T. (in foreground), July 1965.

Dr. H. A. Procter, Director Of Medical Services for the Department of Health & Welfare, had arrived

in Edmonton on the weekend and would provide a suitable replacement. As an interested observer I did not think the absence of the Hon. Judy LaMarsh would be an irreparable disaster.

In the afternoon the official party arrived and assembled in Dr. Gray's office. They were then briefed and led to the platform where they took their places. A considerable number of guests were assembled and the program proceeded without a hitch, culminating in the hoisting and placing of the stone by Dr. Procter who was assisted by a little Indian girl, Sylvia Nayawatatic from Spedden, Alberta, and an Eskimo boy, John Avelengnak from Holman Island, N.W.T.

The Edmonton Journal followed up its reporting of the event in the evening edition.

"Charles Camsell Hospital gets New Cornerstone"

The article described the ceremony and reviewed briefly the origins of the Camsell Hospital and also included two significant paragraphs:

"Dr. Procter was substituting for Hon. Judy LaMarsh, Federal Minister of Health, who was unable to attend.

The cornerstone, flown in for this occasion, was inscribed 'laid by the Hon. Judy LaMarsh'."

This innocent reference to an irregularity, in the last sentence, was to come back to haunt us later.

The following morning I was at the site to supervise the removal of the stone and the copper box and to instruct the contractor on the crating of the stone and the safekeeping of it and the box of artifacts. The platform was removed and the normal construction activities were resumed. As there had been no opportunity for us to present the silver trowel to the Minister, it was mailed to her office in Ottawa with an appropriate note.

By November of 1966 the construction of the south wall had been completed to the state where the cornerstone could now be installed in its permanent position. The Contractor was about to proceed when we were advised by the District Architect, Department of Public Works, to delay its installation until a decision was made by Public Works to do so. As this delay would prevent the completion of the south wall, I requested an explanation for this departure from the construction schedule and was told confidentially that a complaint had been received from



Cornerstone laying ceremony, July 28, 1965. From L. to R., Front Row: Dr. G. Gray (at podium), Sylvia Nayawatatic, Mr. K. Newman, Dr. M. Matas, Dr. H. A. Procter, Mrs. O. Klotz, Mr. C. M. Isbister, John Avelengnak. Middle Row: Dr. H. Meltzer, Mrs. Meltzer, Mr. J. A. Langford, Mr. A. Cook, Mr. R. G. McFarlane, Mrs. Matas, Mrs. Falconer, Dr. W. L. Falconer. Back Row: Mr. G. Forbes, Mrs. Forbes, Father Rheame, Mr. T. Cardinal, Mr. P. French, Archdeacon Clough, Mrs. Clough.

persons unknown that the stone inscribed with the name of the Hon. Judy LaMarsh should not be installed because it represented an "Historical Error". As I had no knowledge of the level in the hierarchy from which the complaint had come and as I realized that there were political implications, I was not optimistic about an early resolution of this new problem. I therefore instructed the Contractor to build the wall and leave a hole in it corresponding to the dimensions of the stone which would be installed later. It was not beyond the realm of possibility that a new stone, properly inscribed and historically correct, might be required.

The Contractor's Superintendent was trying hard to finish the building but was meeting endless difficulties with material deliveries, equipment malfunctions, and lack of administrative assistance and the general inertia of a job which lacks firm leadership. The cornerstone problem was left to be resolved by someone at some time in the future but a new important deadline appeared in the schedule. The Official Opening Ceremonies were scheduled for October 10, 1967. This would force the issue and a decision would be mandatory before that date.

In January 1967, my presence was requested in Ottawa to discuss the reasons for delay in completing the project. I spent the day with the DPW sponsors who were responsible for the Camsell project at this level of the hierarchy of the public service. While I was dining that evening in the Chateau Laurier with a classmate whom I had not seen in several years, a party of diners came in and were ushered to a table near our own. Among the party of men was one woman whom I recognized as none other than the Honourable Judy LaMarsh.

As our meal continued, it suddenly dawned on me that this chance meeting might provide the opportunity I was hoping for to get a decision on the "historical error" road block that was preventing the immediate installation of the stone.

Eventually one of the male members of the Minister's party left the table to visit the washroom and I followed him. In the washroom I introduced myself as the Architect for the new Camsell Hospital in Edmonton and told him that I would very much like to meet the Honourable Judy LaMarsh. On the promise that I would not embarrass her, he led me to the table and introduced me to the Minister and explained who I was. Her reception of me was more than I had anticipated. Her face lit up with pleasure and she was effusive in her thanks for the delightful silver trowel souvenir which John Rule had given her.

We chatted about the project briefly and as I was about to leave I said, "The project is proceeding well but you have left me with one small problem." She

looked at me in surprise and said "What would that be?" "There is a rumour circulating in Edmonton that the stone as presently inscribed with your name constitutes an historical error, and should not be installed," I replied. "Put it in," she exclaimed. "You flew the damn thing all over the country! Put it in!" I thanked her for her simple and straightforward resolution of my problem and retired to my own table.

On my return to Edmonton I instructed the Contractor to uncrate the stone and to install it along with the box of artifacts in its proper place. I also phoned the District Architect DPW and explained briefly my action and the authority on which I had acted. I was surprised at his rather cool response on receiving the information and discovered that I had transgressed the rigid rules of "following channels" by going over his head to discuss the matter with a Cabinet Minister, and especially not the Minister for his department. I did not lose any sleep over his disapproval.

In the months which followed nothing more was heard about the inappropriateness of the stone's inscription and I assumed that the issue was dead. It was with mixed feelings of relief and nostalgia that I closed my file on the Camsell cornerstone.

The Opening

The official opening ceremonies were held for the new Charles Camsell Hospital at 3:00 p.m. on Tuesday, October 10. The weather co-operated and the ceremonies were held outdoors at the main entrance.

Staff, patients, invited guests and many former staff members gathered to witness the cutting of the moose hide thong by the Hon. Mr. G. McIlraith, Minister of Public Works for Canada. Two of our young patients assisted him with this long-awaited task — Betty Waterhen from Whelan, Saskatchewan, and Sam Tegoateak from Cambridge Bay, N.W.T. They were an excited pair of children who really stole the show as they represented their people. Mr. McIlraith gave Betty the wolf tail and Sam the wolverine tail which had been secured to the thong. Dr. J. Crawford, Deputy Minister of National Health, presented them with mounted centennial silver dollars as mementos of the occasion.

Following the ceremonies, in which the bands of the Princess Patricia's Canadian Light Infantry and the Edmonton Firemen's Association participated, interested persons were taken on a brief tour of the building. Tea was then served in the dining room with the ladies of the Charles Camsell Hospital Ladies' Auxiliary assisting.

From "The Camsell Arrow and Pictorial" January 1968.

Aurora Borealis of Nursing



F. Elva Taylor

Born in Minnedosa, Manitoba on September 10, 1920, Elva Taylor grew up on a farm south of town. One of the highlights of her youth was being elected to represent the Minnedosa Collegiate when Major F. J. Ney, founder of the Overseas Education League, arranged for three hundred Canadian high school students to be in London for the Coronation of Their Majesties King George VI and Queen Elizabeth on May 12, 1937. During this trip she met Nora Gladstone from the Blood Reserve at Cardston whose father was appointed to the Senate some years later. She also met Margaret Ferguson from Trochu, Alberta whom she was to meet ten years later at the Charles Camsell Indian Hospital as Dr. Margaret Barclay. Coincidentally she discovered, on one of his visits to the Charles Camsell, that Marcel Lambert, M.P. for Edmonton West, also had been one of the students on the tour.

Elva entered the St. Boniface Hospital School of Nursing, St. Boniface, Manitoba in September 1939.

The graduating class of 1941 had laid the foundation for the formation of a Student Council with elected representatives. In the autumn of that year Elva became the first president. She was editor of the year book for her graduating class.

After completion of the three year nursing program in late 1942 she was employed for four months at the Neepawa General Hospital in Manitoba, followed by general duty and private duty at the hospital in Minnedosa. In the autumn of 1943 Elva moved to Edmonton and joined the staff of the maternity department at the Royal Alexandra Hospital. Later she took a post-graduate course in obstetrical nursing at the Royal Victoria Hospital in Montreal. On her return to the Royal Alex she was assistant and then night supervisor on maternity followed by a period as acting head nurse.

In December 1947 Miss Taylor became the director of nursing at the Charles Camsell Indian Hospital. The position provided a challenge and a learning experience for the next twenty-four years. Her knowledge of tuberculosis was limited to what she had learned from lectures on the subject and talking with some of her fellow students who had developed the disease. She knew little of the Indian people and had never met Eskimos. Dr. Meltzer and Mrs. O'Sullivan, acting director of nursing, were wonderful tutors. The staff was committed, concerned and congenial; the patients had patience. The hospital was a community of its own.

Elva's only interruption in continuous service at the hospital was to enrol in the diploma program in nursing administration at the University of Toronto School of Nursing in 1955-56.

Many changes took place over the years but the main objective for the staff remained the same: to arrest and control tuberculosis and to give the best possible total care to each patient. The objective expanded to include the active treatment patients as they gradually added to the numbers for whom care was provided. As with so many of the staff, Elva

made a tremendous personal commitment toward this objective.

On September 1, 1971 she transferred from Medical Services, DNHW to Canada Manpower Centre, Citizenship and Immigration, as a counsellor. The staff at Charles Camsell had a gala farewell for her at the 700 Wing where she was presented with a gold wrist watch, one of her cherished possessions.

In December 1977 Elva retired from the working world but it is noted that she keeps very busy. She has many interests, one of which is her house at Pigeon Lake. Curling, cross country skiing and cycling are her favorite sports and travel is included in her busy itinerary.

The recording of the story of the Charles Camsell Hospital was important to Miss Taylor. The project served to reaffirm the special ambience that was the Charles Camsell.

The Aurora Borealis of Nursing by Elva Taylor (and others)

Being a member of the nursing staff of the Charles Camsell Indian Hospital could be compared to watching the aurora borealis with its constant change, color and dimension. Within a few short months of opening the hospital, the ages of the patients ranged from a newborn to a woman of seventy. The area from which these people came extended from the Arctic in the north to the United States border in the south; from the Yukon and northeastern British Columbia to northwestern Saskatchewan. The 'flyways' for aircraft serving this great northern area ended in Edmonton; the Alaska Highway, at Dawson Creek, B.C., joined the road leading to Edmonton. The hospital was well located.

Languages spoken ranged from Eskimo dialects of the Arctic to the Athapaskan based Indian languages of the Northwest Territories and the Yukon; and the Algonkian and Siouan of the Prairie Provinces. Communication was a difficulty to be conquered among the patients themselves as well as by the staff. Whenever possible, those who spoke the same tongue were placed in beds side by side. Some patients spoke and understood English or French, the latter having attended the Roman Catholic mission schools in the north.

The hospital complex was COMPLEX! The Jesuit College, always referred to as the main building, accommodated the women and girls on Ward 1 (north end) and Ward 2 (south end) on the second floor, and Ward 3 (north end) and Ward 4 (south end) on the third floor. Patients who had chest surgery always spent their immediate post-operative period on Ward 4. The Burma Road, so named no doubt by

some member of the military who associated it with the road built during World War II to connect Burma and India, connected the wing wards, 5 to 10, to the corridor which led east to the main building and west to the kitchen, dining facilities, chapels and recreation hall. Wards 5 and 6 were known as the DVA wards until 1952 when the remaining veterans were transferred to the Aberhart Sanatorium. Wards 7 and 8 were occupied by veterans and some Indian and Eskimo patients at the beginning but later became the children's ward. Wards 9 and 10, the last to open off the Burma Road, were for the men and boys. Originally, Wards 5 to 10 had been staff quarters for the American Army personnel and were the U-shaped, or half-H, design of the staff residences. The first and second large rooms on each ward were designated as A and B and the large upstairs room as C. Each pair of these wards was connected by a long corridor and, as can be seen in the photograph of the original buildings, the three pairs were parallel one to the other.

The length of the Burma Road was 320 feet and the wing corridors 240 feet. Everyone associated with this area of the hospital received adequate daily exercise!

One room on Ward 1 was used as a newborn nursery until a maternity unit was set up on the second level of the little north annex. Unit 3, a temporary location for patients, is described later.

The number, age and diagnosis of patients admitted over the years determined the changes in use of the various wards. The ease with which rooms could be added along the corridor areas of the redwood construction has been described by Mr. Roberts. This was a blessing in disguise when additional beds for treatment were needed so desperately, but these additions added another challenge for the nurses.

Mrs. Edith Taylor, who had assisted her husband in mission work for the United Church among the Indian people, was the first nurse to be employed. She came on duty January 17, 1946 and was soon joined by Mrs. Gardner, Mrs. O'Sullivan and Mrs. Rita Lowing. These three women had followed their patients transferred from the TB Wards at the Edmonton General. Miss Martha O'Brien and Mrs. Hamilton were also early employees as was Miss Phyllis Hall.

Several nurses have written of their experiences, recollections, frustrations, accomplishments and satisfactions while working at the hospital.

The late Mrs. Cecelia (O'Sullivan) Kilcoyne many years ago wrote some of her impressions of her first weeks at the Camsell:

"We transferred ten male patients from the TB wards of the EGH after which patients were admitted



Mrs. C. O'Sullivan, 1946.

quickly. No sooner was one more ward opened and equipped than it was filled. The nurses did yeoman service, always willing to go another mile. The government TB surveys had found so many Indians with far advanced tuberculosis that the doctors in these districts made arrangements to send patients in to hospital as quickly as possible.

The mothers, coming to hospital, could not find babysitters so they brought the wee ones along. Many of the unexpected guests needed medical care so, for them, it was a blessing but for the nurses it was one more ward to set up and look after.

Nursing in a sanatorium is a very special kind of work. The demands on your time and energy are heavy, but it is nursing the whole individual. You must try to share his burden of separation from loved ones, the worry of a parent for a small family, the language barrier, the new customs and foods and, above all, the lack of freedom. Who wants to stay in bed when he feels well? For many patients this was their first contact with the 'outside world'. Many adjustments had to be made — some willingly, many reluctantly — on both sides."

* * *

"In the Beginning"

by Eileen Hamilton

*Staff Nurse and Head Nurse — Wards 1 and 2,
1946-1964*

It was only an embryo hospital on that day when I first walked the Burma Road. The date was April 21, 1946.

A week earlier I had seen an advertisement in the newspaper placed by Doctor Meltzer. He required registered nurses to staff a new hospital which was specifically for the treatment of native patients who had tuberculosis. Dr. Meltzer had interviewed me at the old Jesuit College, accepted my application and filled me in on the plan. We would occupy this brick building and the redwood buildings built by the Americans during the war and now turned over to our Federal Government. A small staff and some patients were already there. Now was the time for expansion!

The following week was full of surprises. I had expected to go on duty in the three-storey Jesuit College building. But no, I discovered it was fully occupied by a different group: our own Canadian Army complete with Dr. Harry Weinlos, army nurses and officers. On that first day I was escorted to the far end of a long corridor, known as the Burma Road, to Wards 9 and 10. Here I met Miss Martha O'Brien who was in charge, and Mrs. Margaret Gardner. On Wards 7 and 8 were Mrs. Edith Taylor, Mrs. Doris Wood and Mrs. Cecelia O'Sullivan. Our DVA TB patients were being cared for on Wards 5 and 6. Bob Gray was on staff as a nursing orderly and Kay Lagore was a nurses' assistant. The nurses and other staff whom I met that day were the real pioneers of this nameless edifice later to become the Charles Camsell Hospital.

Dr. Meltzer was totally in charge of this nucleus. We had no superintendent of nurses, supplies were scarce, and the laundry was at the railhead at 142nd Street. Dr. Meltzer pulled this mess together and made it work.

At noon on my first day on duty Miss O'Brien escorted me to dinner. We didn't have our own food services so we dined in the Officers' Mess. What a sight met my eyes! There was a linen-clad table that extended the length of the room. The army matron presided at the head of the table, flanked on her right by Dr. Harry Weinlos, the officers and army nurses. To her left were Dr. Meltzer and Dr. Matas (our total medical staff) and as many nurses as we could muster. The table was loaded with salads, cheeses, fruit juices and even vitamins. Then dinner was served! It was amusing that the army had difficulty deciding how much to charge us for these meals. The figure decided upon was fifteen cents regardless of whether it was breakfast or dinner!

On the wards we wore gowns and masks in the patient area. These were removed and we scrubbed our hands before doing our desk work. Before going home, we changed our shoes and dressed in street clothes. However, the hospital neighbours saw nothing of this and some were in fear of con-

tamination when we rode the streetcar or walked home from work.

So many things were in scarce supply in those early days, but one shortage was a bonus. Nurses were so scarce that the army and nursing sisters had to take our night shift for us. However, the day came when the army folded their tents and left us the space in the old Jesuit College. Some of us moved to that area. I was assigned to Wards 1 and 2 under Mrs. Edith Taylor's leadership. At times we thought patients were coming through the windows as they quickly filled more than two hundred extra beds vacated by the army. We nurses awoke to the fact that our night nurses with their billowing white halos were gone. To staff this overflowing giant of a hospital, that didn't even have a name, we now worked thirteen-hour night shifts over eighteen consecutive nights.



Dr. M. Matas and Army Nurses, 1946.

It took a lot of willpower to remember that Dr. Meltzer had told me that we were going to succeed.

As we settled into our routine we started to have visitors to the wards, including medical consultants and visitors from Ottawa. One day during rest period a nurse at the counter was quietly humming as she prepared medications. I was endeavouring to write a report on a patient who had been somewhat psychotic, and was trying to recall my training on the psychopathic wards. I didn't need any interruptions! Then the phone rang. Dr. Meltzer was on his way up with Ottawa dignitaries. I barely had time to close the report book. I tried to advance with dignity as Dr. Meltzer presented the guests, but it wasn't easy as the nurse behind me was still humming but the tune had changed to "If I'd known you were coming I'd have baked a cake"!

One of our teachers tried to teach the patients perfect English and perfect manners. I remember one day when Jessie, fluent in both English and her native tongue, just quit talking. We tried everything but she didn't say a word for three weeks. Finally Mrs. Marion Wall arrived at my desk ecstatic. Jessie had spoken! As Mrs. Wall had arrived to make the bed Jessie had ordered her, with some very fancy terminology, to "get lost". We were overjoyed. I never did admit to our teacher which words had broken the sound barrier that day. Jessie talked on through many a rest period.

Religion became one more aspect of our lives at the hospital. One morning as we came on duty an Eskimo girl was singing from her hymn book. That the book was upside down, didn't matter, as she lustily sang "Sugar in the Morning".

Another day seven-year old Margaret met me at the elevator. She was weeping. Emma had "beat her up". Back we went to Emma's bedside but she was unrepentant. She refused to say she was sorry because Margaret had "hit little Jesus" and pointed to her own chest. Suddenly I remembered the phrase "and Jesus will enter your heart". Emma had taken it literally, and went on to say, "when I told her she hit Jesus, Margaret said she could lick God too". I should have joined the Peace Corps . . .

As these trials beset us we laughed and said, "We should write a book."

* * *

Miss Lillian Kautz, R.N. and Miss Eloise MacDiarmid, R.N., when discharged from the RCAMC, came on staff in June 1946 as matron and assistant matron respectively. Other nurses on staff in that period included: Miss Winnie Hague, Miss Margaret Souch, Mrs. Doris Wood, Miss Katherine MacKenzie, Miss V. Marker, Mrs. Pauline Powell, Miss Mary Ondrus, Miss Beatrice Marshall and Mrs. Viletta Powell.



Miss Lillian Kautz, Matron, 1946.



Miss Katherine MacKenzie, 1946.

Mrs. O'Sullivan was appointed as second assistant in the Matron's Office. She was successful in recruiting a number of new graduates from EGH to augment the ranks of the nursing service personnel. One of these young women was Maxine (Harrold) LeClair who described her years at Charles Camsell in diary fashion: "1946" That was the year. The war was over and the young men had come home. The Charles Camsell Indian Hospital had opened in late 1945 but was not named officially until August 26. There was a great need for nurses so that is where several of the class of '46 from EGH started their nursing careers.

The hospital was very different from the Camsell of today. There was a total of thirty-three positions for registered nurses. The bed capacity was three hundred and fifty. The patients all were victims of tuberculosis.

Living in residence at the Camsell was a nice change from the restraining conditions at the General. The residences consisted of four separate sections with each section providing accommodation for four nurses. Each nurse had her own room, shared the bathroom with one other nurse and all four shared a nicely furnished living room. We could have friends visit without being supervised by the Grey Nuns! Our \$30.00 per month gave us lovely living accommodations plus three excellent meals a day and food for evening lunches in our living quarters. Our residence was cleaned by the housekeeping staff. Who could ask for more!

The starting salary was \$159.00 per month which was excellent for the times and considerably more than we could earn elsewhere in Edmonton.

On our first tour of the hospital, before we were

employed, we visited all the wards. When walking along the wing wards and seeing the young DVA fellows, some looking ill and a great many looking extremely healthy, it crossed my mind that to be a nurse looking after these young men would be a real challenge. I rather hoped I would be assigned to the main building where the women and children were hospitalized. However, this was not the case. I started my career as a general duty nurse on Wards 5 and 6 with Miss Margaret Souch as my head nurse.



Staff, Ward 4, November 1946. From Left: Margaret Brown, Margaret Souch, Mary Ondrus, Yolande Decosse (Coleman).

Our patients were terrific people. I am sure we all realize that they were men who had given their best to our country and finally thought they were coming home to loved ones and a normal life. The disappointment must have been almost unbearable to find that somewhere they had contacted and developed tuberculosis and were going to be admitted to a sanatorium for an indefinite period of time. Treatment at this time was basically good food, good medical care and rest, rest, rest.

For me, the next three months proved to be a real learning experience. Day shifts were from 8 a.m. to 7 p.m. with three hours off during the day. Night duty consisted of eighteen consecutive shifts of thirteen hours each without a day off until your tour was over. We did get a three hour break during the night but were called if a patient needed medication as there

was only one nurse on duty on the ward. At the end of our eighteen shifts we were given three days off. If we wished, we could do six weeks of nights and get six days off when we finished. As I was young and single, I thought this was great.

The night shifts are the ones that remain very vivid in my memory. Our DVA patients were full of mischief and were always thinking up some prank. Their social life was much better than most people would ever imagine. Many of them would very carefully stuff their beds, sneak out, get a cab and go out on the town for the evening. This was a real concern for the poor nurses who were trying so hard to maintain law and order and keep these patients resting the long periods their conditions required. Most of them would return before the day staff arrived but on occasion they did get caught and were grounded by our medical director.

The A and B wards were on ground level and each accommodated ten to twelve patients. There also were three single rooms. Another twelve to fourteen beds were in the C ward, upstairs. As patients improved they were moved to C to make room for new admissions. Staffing for the area varied but usually consisted of the head nurse, two R.N.'s, two or three nursing assistants and one or two nursing orderlies. On night duty there was one R.N. and one assistant.

Parties on the wards, arranged by the patients and unknown to the staff, did happen. The bathroom was the ideal place to store the refreshments. What young nurse would venture into a washroom used by ten to fourteen male patients? Sometimes these parties were reported to the medical director and the head nurse.

These young men made some very good friends while they were patients. Discharge was what they all looked forward to, but when this happened, they often returned in a few days to visit staff and friends.

We had a reunion in 1979 and many of our DVA patients attended. It made you very proud to think that you had played a very small part in helping these men return to normal health. They were, and are, a great group and I wouldn't have missed working with them for the world."

* * *

Miss Margaret Cogill who came on staff at approximately the same time as Maxine shares with us:
Some of my Camsell Memories

"In September 1946 I joined the staff and moved into residence, Unit 6, with Mrs. Madge Grantham, Teacher; Miss Dorothy Oakden, Occupational Therapist; and Miss Bea Marshall, R.N.

My first word of advice from Mrs. Grantham was, "When walking from the streetcar on 124th

Street to the hospital, walk on the road as it is mainly bush along the old wooden sidewalk and someone might be lurking in the bushes." I think I used the road once, and then decided my chances of escape would be as good on the sidewalk as on the road.

I knew nothing about native people and almost as little about tuberculosis. It was with some trepidation that I reported to Miss Kautz, the Matron, on my first morning. My apprehension did not lessen when she told me that I would be working on Wards 9 and 10, Miss Martha O'Brien's wards. On the long trek down the Burma Road, I recalled my training days at the old Misericordia Hospital and the legendary Miss O'Brien, a former director of nursing. My fears were groundless. Miss O'Brien ran a very efficient unit and was well liked and respected by both patients and staff. The patients were men and small boys, many with far advanced tuberculosis.

We worked two shifts with three hours off during the shift. When on night duty if all was quiet, we could take our three hours off. However, with only one nurse and one orderly for the two wards, and with patients who might hemorrhage at any time, I preferred to doze at the desk and be available if needed. The bright spot on night duty was our lunch break, and a chance to listen to Pauline Powell, R.N., who always had amusing stories to tell.

We made frequent rounds of the wards at night and, on days, frequent checks during rest periods. All the ward doors had small glass panels in the upper section so it was quite easy to see if the patients were resting. Often we found them reading, writing letters or playing cards. Rest periods were strictly enforced. Senator Gladstone, of the Blood Indian Reserve, discovered how strict one day when he wished to visit during a rest period and was refused entry by the nurse on duty.

All of the wing wards had fire exit doors leading directly outside. These were never locked and occasionally this was a temptation for patients to go for a stroll. One evening one of the patients came to the desk requesting a book to read. After selecting one, he returned to his bed. In the morning, when I took in the wash basins, I found his bed stuffed with pillows and the book, "Forgive Us Our Trespasses", on the bedside table.

Staff was minimal and we worked hard to give baths, make beds, administer treatments and medications, and clean between rest periods. During rest periods we cut and folded flats from bolts of gauze, made large dressings from rolls of soft absorbent padding, swabs, and applicators and wrapped them ready for sterilization. We folded sputum cups and newspaper bags for patients' discarded kleenex, checked supplies, filled out requisitions for supplies



Senator Gladstone, Blood Reserve, ca. 1957.

or repairs, did charting, prepared medications, and did a lot of scrubbing of walls and cupboards. One little patient, when the teacher asked him to name two things that postmen, milkmen and nurses did, replied, 'Postmen deliver letters and parcels, milkmen deliver milk and cream, and nurses scrub walls and spank boys when they are bad'.

In August 1947 I was promoted to the position of charge nurse on Wards 5 and 6. The DVA's provided staff with many interesting challenges.

The wards were located on the north side of the redwood wing complex. Because the water pipes at the nursing stations were on an outside wall, it was necessary, during the cold weather, to leave the water turned on to run slowly. One cold night the inevitable happened — the water was turned off. I didn't want to admit that I had let the pipes freeze, so I hung an enema can above the sink with the tube inserted into the faucet. After filling the can many times with boiling water, I had the pipes thawed before morning.

In 1948 I was transferred to Ward 4, the surgical ward, and had to learn many new nursing routines: arm exercises, positioning and breathing exercises to care for patients who had undergone chest surgery.

In the early years, due to low budgets, we had to ration soap, kleenex and toilet paper. This had not been a problem on the male wards, but now a majority of my patients were women, and the toilet paper ration was not enough. Miss O'Brien and I had an exchange program; I traded kleenex for toilet paper. Once, when Miss O'Brien could not help me out, in desperation I stormed down to the medical director's office to try to convince him that women required more toilet paper than men. It worked!"

* * *

In December 1947 Miss Elva Taylor came on staff as director of nursing. Miss Kautz had resigned during the summer and Mrs. O'Sullivan very competently filled the vacancy on a temporary basis. She continued as assistant until her marriage to Mr. Kilcoyne the end of July 1948. Miss Katherine MacKenzie had replaced Miss MacDiarmid and was the second assistant.

To the joy of the nursing service personnel Mrs. O'Sullivan had introduced the system of three straight eight-hour shifts in each twenty-four hour period. Staff members still rotated from ward to ward in order to have equitable periods of evening and night duty. This posed some difficulties but eventually these were eliminated when the staff establishment was increased and each nurse was assigned to a specific work area, that of her choice if possible.

Shortly after Miss Taylor's arrival, Anita Paulette was appointed night supervisor. Miss Laura O'Brien, who remained until 1957, followed Miss Paulette.

Regular meetings for the nurses, aides and orderlies were introduced. Prior to the first meeting of the nurses the rumors that circulated were hilarious, one being "Miss Taylor is going to discontinue the eight hour shifts".

Mrs. LeClair's dairy continues:

"1948: I returned to the staff. Camsell had changed. This time I was assigned to Wards 9 and 10. Miss Martha O'Brien was the head nurse and what a fabulous teacher! She ruled with an iron hand but the patients loved and respected her. Her staff often complained but we knew Miss O'Brien was what we all needed. She was a fine person and gave her life to the nursing profession.

During the time I worked with Miss O'Brien she had the misfortune to fall and fracture her hip. I was very pleased to be selected to act as head nurse while she was recuperating. I soon found that being a head nurse was not the soft touch we all thought. We had

lots of fun anyway. One day Lila Brown and I decided the canary, belonging to one of the patients, was in need of a bath (perhaps was even carrying germs)! After we got the poor thing nice and clean it began to shiver and we thought it was going to die. Suddenly we decided we should warm it in the little steam sterilizer. This worked like a charm."

* * *

Some of my Camsell Memories

by Margaret Cogill (continued)

"In January 1949, I was promoted to the Nursing Office as second assistant to Miss Taylor. The office was in the two-storey annex which also housed the switchboard for the telephone system, Ward Master's office, mail room and canteen. The top floor, which had been a rest room for night nurses and a nurses' change room, was converted into a maternity ward in early 1947 and it was the responsibility of the staff from the Nursing Office. I am sure we all had the experience of sterilizing rubber nipples for baby bottles by putting them on to boil, getting an emergency call to one of the wards, and being greeted by the foul smell of burning rubber as we hurried back.

Included in my duties was supervision of the ward cleaning and kitchen maids. More than once I found myself washing and steaming the dishes on the wards when someone phoned in sick.

Domestic staff was not always easy to recruit and I recall once being very happy when a vacant position in one of the kitchens was filled. My happiness was short-lived when, at the end of the first day, the new employee appeared in the Nursing Office to say that she wouldn't be back — she couldn't stand all day on her wooden leg!

In 1947 Dr. Meltzer decided that the senior staff nurses who lived in residence were to move into Unit 17, a comfortable old two-storey house which had been converted into suites. It was next door to the medical director's home. Miss Kay MacKenzie, Assistant Matron; Miss Phyllis Hall, O. R. Supervisor; Miss Martha O'Brien; Miss Marguerite Wood and I, moved in. The DVA boys renamed the unit, "The Virgins' Mansion", or "The House of Unclaimed Treasures".

We were in the unit only a couple of days when Kay woke up covered with bites. Bed bugs! We moved out while the house was fumigated. This ended the bug problem. Soon after, the old furnace blew up. The whole house, which had been redecorated before we moved in, was covered with black soot. Again we moved out while the mess was cleaned up. Fortunately, this was the last emergency to occur in what was to be my happy home for sixteen years.



Unit 17, 1961. Staff residence for Senior Nurses.

As well as the usual duties carried out by Nursing Office staff, the Camsell presented many unique situations. Since most of our Eskimo patients arrived dressed only in furs, they required suitable clothing for outings. We accepted many donations of good used clothing and this provided a supply to outfit the patients. Even white silk or satin wedding dresses had their use. Some of the Indians wanted to take their deceased babies home for burial on the reserves and, as usual, our carpenter shop came up with what was needed — two sizes of little coffins. In my spare time I padded and lined the coffins with the white silk or satin.

I will never forget hearing a loud belch on one occasion when I was dressing a little body in the morgue, which was a separate building. When I recovered from the initial shock I realized that the wall did not go to the ceiling and discovered that the maintenance staff had a rest room on the other side of the partition!

We had many visitors at the hospital and quite often they wanted to see Eskimos, as few Edmontonians had ever had this privilege. On one occasion, when I took visitors to a ward, they were thrilled to see an Eskimo woman with tattooing on her face and arms. The visitors made such an impression on the patient that she decided to show it all and pulled up her pyjama top to show them her chest which was completely covered with tattooing.

One of our more relaxing duties was making periodic rounds of the single staff residences. This usually occurred on nice days when the hospital was quiet and Miss Taylor would suggest that we take a tour. Generally everything was in order, but we had a few surprises. One day we walked in on a lad in a service uniform asleep in one of the living rooms. Miss Taylor kicked the side of his boot and he woke



Mary Edetoak from Spence Bay, 1959. Note tattooing on face and arms.

up saying, "Is the dance over?" Her reply was, "Yes, and the jig's up". With this, he made a speedy exit.

Visitors were always a bright spot in the life of our patients, and the annual pilgrimage to Lac Ste. Anne was a real highlight for them. The pilgrimage is a two-day event, the first day being for the Indian people and is held on the Wednesday nearest the feast day of St. Anne, July 26th. In 1842 Fr. Thibault, after many months of travel, arrived at "Devil's Lake", which he renamed Lac Ste. Anne, and set up the first Catholic mission in the North West. Fr. Lacombe arrived at the mission in 1852 and in 1889 Fr. Lestanc, the superior in St. Albert, inspired the first pilgrimage. The native people were making the pilgrimage to ask for peace, rain to end the terrible drought, and long life for the mission at Lac Ste. Anne. Before the end of the first day, heavy rain fell and the Indians promised to return each year to give thanks and ask for favors.

Large numbers of pilgrims en route to Lac Ste. Anne stopped at the Camsell to visit relatives and friends. They arrived by team and wagon, some by car, and, in later years, in buses. Much to our amazement, tents sprang up on the hospital grounds and in

the surrounding bush and some of the pilgrims camped overnight. The visits were usually repeated on the return journey.

Staff from the hospital were frequently required to escort patients home, and in 1947 I escorted a tiny baby to Fort Nelson. It was my first flight and when I boarded the RCAF transport plane I thought I was in the baggage section. We rode with the cargo. The seats were long metal benches along the sides. We sat with our backs to the windows making it impossible to look out. As there was no heat in the plane, I carried the baby's bottle of formula inside my clothes to keep it warm. Since the plane was returning to Edmonton in an hour, there was only enough time to hand the baby over to the RCMP at the airport and to have a sandwich and coffee in the inevitable 'greasy spoon'."

* * *

Kay MacKenzie left to be married in November 1949 and Miss Jean MacDonald came to the Nursing Office. One of her duties was to be responsible for the selection, placement, instruction and general supervision of the nursing assistants. When Miss MacDonald transferred as Matron to the Fort Qu'Appelle Indian Hospital in 1953, Miss Kathleen Dier replaced her.

In 1950 the bed situation became critical and **Unit 3**, which had been a single staff residence, was allocated for patient care. Mrs. Beatrice Mellor, R.N., followed Mrs. Rita Wilcox in charge of this inconvenient, rather unwieldy building and her story follows:

"This unit was situated within the hospital com-



Valentine Janvier's first birthday, February 14, 1952. Staff, from Left: E. Triska, M. Fazackerley, Miss Sauder, M. Cogill, (unknown), Miss Fletcher, R. Wilcox. Children, from Left: Marcel Muskego, Jerry Ohiktook, Irene Lafferty (held by Miss Cogill), Valentine, Bobby Clement. On floor: Vivian Arcand, Lorie Ladue, Marion Baptiste, Shirley Arcand.

plex but across the driveway from the recreation hall. It was an entirely separate building so everything had to be brought outdoors, down the ramp area, through a gate and up a ramp into the building. Electrically-heated food wagons were used to bring the meals which were served by the nursing staff.

There was no call bell system in this building, so we truly had to depend on "moccasin telegraph" to send and receive messages. It was the U-shaped design with an upstairs section over the middle area. There was only one stairway; therefore only totally ambulatory patients could be occupants on the upper floor.

Originally Unit 3 was intended for those who were discharged and awaiting transportation home. Some were from very remote areas in the Yukon and the Arctic and it often was impossible to obtain transportation for days and even weeks to certain areas. Gradually non-TB children and adults were admitted. During the polio epidemic in 1953 two adult male patients who were past the critical stage arrived from the Yukon, Douglas Jimmy and Julius Hagar. Pat Yellowbird from Hobbema, crippled by arthritis, and the two polio patients found the days rather long in spite of the entertainment provided on occasion by Pat beating the back of a bedpan as though it was a drum and chanting in his native tongue to the rhythm.

A few weeks prior to this, a very young child, Jean Nakadalak, was brought in from the Arctic clothed in a beautiful red fox parka and wearing seal skin mukluks. She apparently had complications following measles and also was thought to be suffering from snow blindness. One of the nurses in Unit 3, Miss Donna Graham, was particularly taken with this little girl and attended her with much care and affection. After a few days it was noticed that the child was having difficulty standing and very shortly thereafter was diagnosed as having polio. Donna became ill and it was learned on her birthday, March 17, 1953, that she had been admitted to the Royal Alexandra Isolation Hospital critically ill with polio. Donna remained an invalid until her death almost twenty years later. During that time she became one of Canada's well-known mouth painters through the encouragement of her artist friend, Mrs. Dorothy Barnhouse.

Unit 3 closed in June 1956 and the building was moved."

* * *

Camsell Days (1951-1953)

Elsie (Triska) Verwijk

Employed: 1951-1953 as general duty nurse and

scrub nurse in the Operating Room; 1957-1961 as general duty and night supervisor. In addition to helping raise and educate her children, other nursing experience included working in public health, in psychiatry, with alcoholics at Henwood, at the AADAC Detox Centre, and later, in occupational health.

The years I worked at the Camsell Hospital were happy, challenging and memorable.

My first job as a Registered Nurse was at the Charles Camsell Indian Hospital. My first paycheque amounted to \$189.00, a far cry from the \$10.00 a month I received while in training.

I lived in Unit 6D with Vickie Skoreyko, Doreen Brassard and Denise Lamoureux, all nurses I had known at the Edmonton General Hospital. When Vickie and Doreen left for Australia, Verna Hohn, from Lamont, and Joan Schloss, from Sydney, Australia, joined us. When Verna left to be married, Eileen Fowler moved in. We were close to everything — the dining room, the recreation hall, to work, and to other friends. We had a lot of fun!

What impressed us the most at the Camsell was the friendly, "happy family" atmosphere. Everyone, no matter what position, got along with everyone else. Not only did we work well together, but we also had some great times together. There were numerous spontaneous "Unit" parties, as well as many large gatherings organized for staff and/or patients. For



Unit 6, Hard Time Party, 1952. L. to R.: Eileen Fowler, Joan Schloss, Mickey Martineau, Denise Lamoureux, Elsie Triska.

example, there were Christmas parties with gifts for the staff children, Hallowe'en parties where staff paraded through the wards wearing costumes to spook the patients, movies in the recreation hall, New Year's Eve parties, not to mention the parties for the interns, the RCMP, new staff, departing staff, and

many many others. Miss Taylor and Miss Cogill, her assistant, deserve a bouquet for maintaining this kind of close-knit community spirit. It raised the morale of both staff and patients. It created a caring feeling among people. If one patient was homesick and blue, the others in the ward would cheer that person. If staff members needed someone to talk to, they could be sure to have someone's ear.

My first assignment was to work on Ward 9 where Indian and Eskimo men were treated for tuberculosis. The treatment consisted of scheduled rest periods, medications and encouragement. The patients were a long way from home and often needed to express their feelings of loneliness and hopelessness. They were encouraged to be creative and to develop enthusiasm about living. This not only helped the healing process, but elevated their self-esteem. Hobbies, crafts and continuing education were encouraged.

There were many staff and patients who made a mark on my life. Of the patients, I remember a young lad whom I called Henry. He had some problems with arithmetic. Since arithmetic was one of my best subjects in school, I helped him whenever I could. He never forgot that and after twenty-seven years, and a difficult search, Henry (Harry Rusk) phoned me. We renewed our friendship and met each other's families. This young man has done much with his life and is an outstanding leader. Percy Plainswoman (alias Two Gun) was an artist who painted two scenic pictures of the area near his Cardston home for me. Tom Aneroluk and Harry Kigiona, both from the Arctic, were always witty and full of life. After discharge, Tom became a radio operator in Cambridge Bay, and Harry, a watchmaker in Grande Prairie. Many women did beautiful beadwork. Mrs. Ethier from Aklavik, after her discharge, sent me a beautiful pair of mukluks. A native lady on a Stryker frame, on Ward 5, made me a lovely beaded necklace, bracelet and earring set. These gifts I still have and cherish.

My next assignment was to work in the Operating Room where, for a year, I was under the direction of Miss Phyllis Hall. Miss Jo Brown and I were the scrub nurses, Bob Ingram was the orderly, and Kay (Lagore) McLeod, the ward aide. While wrapping supplies and cleaning instruments we often sang in harmony; boring jobs got done in a pleasant way. Some of the visiting surgeons we scrubbed for were: Doctors Olav Rostrop, Walter Mackenzie, G. Leslie Willox, John Huckell, Bohdan Michalyshyn, John Keohane, and Donald Rees. The Camsell surgeons were Doctors Herbert Meltzer and Gordon Gray. Some of the other doctors were: Matt Matas, Nicholas Zalesky, Stephen Kuczer, Ernie Jarman, Otto

Rath, Dominic Leung, Mitsuru Katayama, Neil Reid, Mario Tedeschini, and Gordon McCrae. Some of the interns were: John Gort, Ted Couillard, Chris Varvis, Vince Campbell, Hank Bouwman, Bob Hatfield, Bernie Eritsland, Bob Eggen and Willie Kototoluk. Doctors Wladimir Bryk and W.A.M. Truesdell made visits to the reserves with the Public Health Nurses, Rena Beer, Gilda Graves and Rita Morin. I once had the privilege of going to the Alexis Reserve at Glenevis near Lac Ste. Anne.

Being young, flexible, and enthusiastic about new experiences, I helped out wherever I was needed. I worked in Unit 3, the non-tuberculous section of the hospital, which accommodated all ages of patients, male and female. Some patients I remember from Unit 3 were: Annie Moosewah, Kaotok and his mother from Cambridge Bay, Juanita Black, Valentine Janvier, Evelyn Noskeye and Gary Arcand. David Koomayak, from the Arctic, had an artistic flair, and while recuperating painted a watercolor picture of some flowers for me. Later he worked as an orderly at the Camsell. The staff in Unit 3 were: Mrs. Rita Wilcox, Mrs. Beatrice Mellor, Mrs. Kathleen Arnold, Margaret White, Verna Hohn, Joan Schloss, Marjorie Peters and myself. We had some fun times along with the work.



Unit 3, 1953. Standing, Back Row: Mrs. Arnold, David Koomayak. Sitting: Evelyn Noskeye, Elsie Triska. Standing in front: Valentine Janvier. Others unknown.

In the fall of 1953 there was an outbreak of polio in Alberta. None of the hospitals were prepared for it. Nurses and doctors were hard to recruit. I was the first nurse to volunteer for that service. As a result I said good-bye to all my Camsell friends and went to

work in the Royal Alexandra Isolation Hospital. Donna Graham, a nurse from Camsell who had been stricken with polio, was under our care.

* * *

Miss Kay Brandon, Public Health Nursing Supervisor who lived in residence, contracted polio. Very ill, she was admitted to the Royal Alexandra Isolation Hospital where she was specialised around the clock by nursing staff from Camsell but lived only a few days. Kay had been the first P.H.N. to be assigned to the Stoney Indian Reserve at Morley where she was held in high regard. In 1955 a cairn, in her memory, was unveiled at the hospital on the reserve.

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The Camsell "Small Fry"

by Isabelle Middleton

Head nurse, Wards 7 and 8, 1951-1954. Living in Hamilton, Ontario.

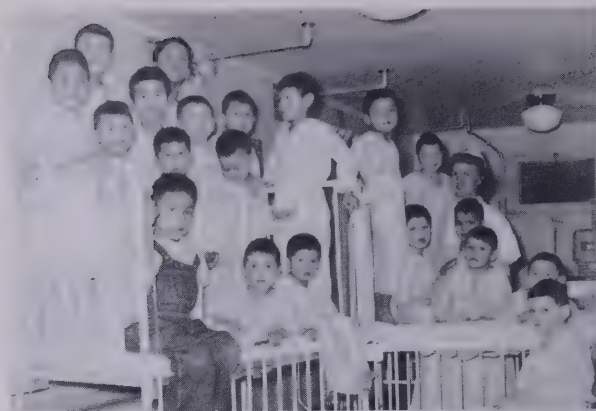
After spending two and a half years as public health nurse on the Lesser Slave Lake reserves in northern Alberta, I transferred to the Charles Camsell Hospital. I had indicated my desire to work with the tubercular children and was posted to Wards 7 and 8 as head nurse. The next four years were the most rewarding of my life.

The children were beautiful, brave, unpredictable and mischievous beyond one's imagination. They ranged in age from a few months to twelve years, with the younger children on Ward 7 and the older ones on Ward 8. Many were seriously ill with TB meningitis or far-advanced disease of lungs or other areas of their body. Those who had been diagnosed and admitted in the early stages of disease did not appear ill and therefore were full of energy.

Rest was an important part of treatment and this often presented the most problems. Children with leg or body casts would be out of bed at night, hopping or dragging themselves around the room, until staff peeped in and then there was great scurrying back to bed. Many were the notes left on the doctor's desk, "please see Joe or Peter to repair cracked cast".

Sometimes the switchboard would light up with incoming calls at night from neighboring homes. "What is wrong with you people? There are children running around in the snow, on the balcony, or on the lawn, in their pyjamas". Fortunately they never seemed to suffer any ill effects from these antics.

The youngsters were creative and some of their activities included pulling threads out of the bedspreads to make fishing nets or unravelling the binding from blankets to make ropes to hang a blanket between the steam radiator pipes. Thus a hammock,



"Having our picture taken". Ward 7. Mabel Midbo, R.N. in background.

such as they always had in their homes for the babies, was there in their room. They enjoyed taking toys apart and constructing something completely different with the pieces.

One morning a nurse was greeted with "Joe caught a mouse last night" and when she innocently asked what he did with it, was horrified with the answer, "Him ate it".

Everyone who worked on the pediatric wards loved the children and did their best to brighten their days. Our orderlies, Homer Williams and Lawrence Anderson, made a real game of loading the children on stretchers to take them to X-ray, laboratory or doctor's offices. Seeing other areas of the hospital was almost as good as a trip to the zoo.



Staff, Ward 7. From Left: Lawrence Anderson, Mrs. Wemhof, Mrs. Jirgenson, Mrs. Schultz, (unknown), (unknown), Beatrice (Hunter) Campbell, Erna Hahn (Greenly).

It was amusing to listen to Indian and Eskimo children chattering away in their own languages. Some of the Eskimo children learned to speak Cree, which presented a problem when they returned home and could no longer speak or understand their own language.

We were fortunate to have a number of native staff members who spoke Cree and could act as interpreters.

Our most disagreeable task was giving the children intramuscular medications. Even though tears were often shed, the little ones stoically rolled over to receive the needle.

Miss Hilda Kammrath, the children's school teacher, was a most dedicated person. She had the right temperament to inspire the children to learn and the results she accomplished in her bedside teaching were truly amazing.

My memories of Charles Camsell Hospital are all happy ones. I loved the work and the children. Our attractive living quarters, excellent meals and friendly associates all added up to a memorable period in my life.

* * *

The most moving experience, for Yousuf Karsh, in more than four thousand miles of travel for Maclean's, was his visit to the Charles Camsell Hospital for Indians and Eskimos in Edmonton. "It wrung my heart," he says. "I was loathe to take so little time with it. I could easily have spent three weeks there." He found it a great-hearted hospital: "I felt a bond between the patient and the doctors that I had never seen before."

Karsh was touched and delighted by this attitude. "These people, like children, require a special kind of understanding," he says, "and they get it here." Nurse Isabelle Middleton, one of his guides, treated each of the boys as if he were some kind of precious jewel. "Isn't he lovely?" she would say, placing one of them on the bed. Then, bringing in a second child, "But this one is even more lovely!" and then, introducing a third, she exclaimed, "Oh, they are all lovely!"

From Maclean's magazine — December 15, 1952.

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Wards 7 and 8 in the Early '50's

by Miriam Wright R.N.

Employed 1951-1954, Assistant head nurse Wards 7 and 8. Worked on Ward 8. Living in Edmonton.

It has been almost thirty years since I was last at the old Camsell, but I still have vivid recollections of those days from 1951-1954. After working on Wards 3 and 4, the surgical wards, for a couple of months, Miss Taylor asked me to try pediatrics for a month. During the first few days I was positive I couldn't stand the confusion, but I gradually became very attached to the patients and stayed more than two years.

The patients, the majority of whom had TB, were

children of all ages. Some were critically ill, and others were as lively as most children. Many had spent most of their lives in hospital so this environment was home to them.

By present day standards, the physical aspects of the wards were dreadful. The single rooms were small, poorly lighted and ventilated. The service rooms, supply areas and scrub facilities for technique were inadequate. The place was hot in summer and cold in winter — frost would form on the walls. Occasionally, there were mice. Despite these drawbacks, tremendously good patient care was given.

Some of the day staff arrived at 6:00 a.m. to help the night staff get patients washed and fed before the majority of the day workers arrived at 8:00 a.m. Organized bedlam reigned from 8:00 a.m. to 9:30 a.m. There were so many patients to bathe, beds to be made, and medications and treatments to be administered. All TB wards were to be closed for rest period at 9:00 a.m., but Wards 7 and 8 were finally given an extra half hour's grace to complete the essential work of the morning. During rest period, the staff patrolled constantly to keep those little people resting. At 11:30 a.m. dinner was served from mobile steam tables — this was the big meal of the day. After the trays were gathered, medications and treatments given, the wards were closed again for rest period from 1:00 p.m. - 3:00 p.m. The day staff departed at 4:00 p.m. and the afternoon staff took over till 12:00 midnight. They served supper, gave out medications, and settled patients for the night. Most nights were relatively quiet with just a skeleton staff on duty.



Anne Pidwerbesky feeding her young charges.

A ward clerk became part of the staff which really increased the efficiency. Mary Fletcher, who had worked on the ward as a nursing assistant, took over such duties as answering the phone, doing routine charting, arranging trips off the ward, as well as countless other helpful activities.

A large percentage of our TB patients received streptomycin injections daily or every second day and PAS orally four times a day. Each ward had specially designed wooden carriers, made in the carpenter shop, with a frame in which were holes to accommodate dixie cups containing liquid PAS — a simple, efficient innovation for passing out this medication. An experimental drug specific for TB known as INH was introduced in 1952. It came as a small pill and was easily swallowed. Dramatic results in arresting this dreaded disease followed.

On Ward 7 there was a small room used for babies critically ill with TB meningitis. Many of the children had “TB ears”, a complication which required much care. We had epidemics of chicken pox, measles, rubella and hepatitis. Many patients became quite ill with very elevated temperatures.

Most of the staff members were very fond of the children, and lavished them with attention. Consequently, long term “kids” expected special favors. Even the small ones in 7B would demand the gown they wanted to wear. The children’s garments were made of colored, patterned flannelette, and everyone did look sweet in this attire.

Some patients were outstanding in my memory. One was Mike Ohiktook, an Eskimo child around six years of age. The story was that he had been rescued from an Arctic ice floe where he had been placed to die. He was in a body cast from neck to toes and, despite an iron loop on the bottom of one of his leg casts, he could still manage to jump on his bed! He rarely uttered a sound, but his smile was something to behold. Miss Middleton adored him.

Another was Frankie Moocheweinies. He was admitted with TB peritonitis and his appearance at that time almost defies description. He looked worse than most Korean war orphans whose pictures were common in the media at that time. His abdomen was so distended, you were afraid it would explode any moment. Dr. Walter Mackenzie and Dr. Les Willox did his surgery; he had a temporary colostomy. He was placed on a single Stryker frame and had a staff member with him twenty-four hours a day for weeks. (I have always been impressed by the marvellous care Camsell patients received — Frankie’s was exemplary). This seven year old child didn’t speak or understand English, his physical state was unbelievable; but after a few weeks, he was almost blooming. The skin on his poor, little, malnourished body never broke down despite the drainage from his colostomy. Trying to get him to eat was a horrendous task. He knew the words “Co-ca Col-a” and “Choc-o-lot bar”, and that was what he wanted. Dr. Corrigan left orders that he was to eat what he wished so we had a

running tab at Ted’s Canteen. He existed on intravenous fluids and his own choice of diet for some time. One time Frankie wanted dried moose meat. The public health nurse for the Edmonton Agency was notified and soon Frankie’s request was answered. What an expression of joy was on his face when he received it!

There are many staff members whom I recall. Isabelle Middleton was probably the most dedicated person I have ever known. She lived and breathed Wards 7 and 8. Not only was she concerned about her patients, but she cared about her staff.

Dr. Cam Corrigan, whom I came to know well in later years, could make most of the staff (including me) quake with apprehension just by appearing on the ward. He had the faculty of seeing things undone or improperly done and could be very vocal in his displeasure. Most mornings he would arrive on the ward at 9:15 a.m. and demand to know why the wards weren’t closed. I was usually the one he confronted, and I would explain about our special dispensation. We went through this routine numerous times — he loved to rattle people!

Dr. Otto Rath was a fine dedicated man. He cared about each patient, and listened to suggestions from staff.

Mrs. Bonevitch loved the babies in 7B and here is where she wanted to work every day.

Other names that come to mind are: Mrs. Janet Rogers, Mrs. Myrtle Bibaud, Kay Jessop, Jean Rymal, Lois White, Beatrice Hunter, Ilga Skele, Gloria Jackson and our orderlies Homer and Lawrence.



Lunchtime on Station 62 in the new hospital, 1967.

I worked on Ward 8 a great deal of the time, and the younger boys in 8A were my favorites. They liked to call me “Momma” and most days before



Staff, Ward 8, 1958. Dr. Tedeschini, Mrs. Varty, Mrs. Renwick, Mrs. Machnicky, Miss Plouffe, Miss Horman, Mrs. Hardy, Miss Dromerecki, Mr. Lawrence Anderson, Miss Green, Mrs. Whelan, Mrs. Jane Bostrom, Miss Lucas, Miss Hallett, Miss Orekhoff, Miss E. Wharton, A. Jakubiak, Mrs. M. Bibaud.



Miss Elva Taylor and, from left to right, Johnny Laboucan, Gerald Crowshoe, Stephen Mustus, 1949.

afternoon rest period, as a special treat, I would carry each one to look out the window. Punishment for misbehavior was withdrawal of these privileges. I left in July 1954 and went back for a visit a couple of months later. I was wearing maternity clothes and expected to hear how fat I had become, but the only thing that brought comment was my earrings!

I thoroughly enjoyed my years at the Camsell. It was a small "large" hospital, and it seemed to me that most people who worked there had a special kinship.

* * *

Margaret Cogill wrote:

"We dreaded measles epidemics in the hospital. The Eskimo patients had no resistance to this disease, were acutely ill and occasionally died. Chicken pox was also a major concern especially with the Eskimos. One had hemorrhagic chicken pox which is very rare. The Indians usually had developed some immunity to these diseases because of their longer association with our population. There also was one case of diphtheria. Strict isolation technique and quarantine went into effect immediately that any communicable disease was diagnosed."

* * *

From Maxine's Diary:

"1952: I returned for the third time. During this period I had a variety of assignments one of which was the privilege of establishing the first streptomycin administration unit. Many of the nurses had developed allergic reactions to the drug. Therefore I wore a gown, rubber gloves and a pair of goggles for protection. The medication was mixed, put into syringes, then taken to the wards and given by intramuscular injection to the patients. The mixing, giving, recording and cleaning up was a full-time job as up to two hundred and fifty patients were given daily injections. After doing this for over a year, I realized that I was recognizing my patients not by

their faces, but by another part of their anatomy, and enough was enough. I went back to bedside nursing."

* * *

In the early 1950's our nurses started to attend provincial and national meetings of the Nurses' Association and to become involved in Association activities.

At this time Miss Alice K. Smith was appointed the first Principal Nursing Officer for Indian Health Services in Canada. Nurses in the Service began to receive leadership and encouragement to enrol in university courses. Co-ordination of transfer of nurses within the Service was given more serious consideration, as was recruitment for more remote areas.

Kay Dier was our first nurse to attend a one-year post-basic program at university. When funds were required, on short notice, to enrol another nurse in the Teaching and Supervision Diploma Program at the U of A School of Nursing, we were fortunate to receive the support of the ever helpful Alberta Tuberculosis Association. Budgetary planning, on an annual basis, for education leave for staff soon became a part of departmental policy. Several nurses benefited from this opportunity. It is interesting to note that Kay Dier later joined WHO as a senior nurse educator and had assignments in Iran, Ghana, Malawi and Thailand. Jim Dunne was appointed the first director of the Edmonton School for Nursing Orderlies and Jean Clack became an instructor at the same school. Gladys Rapley transferred to Inuvik as the director of nursing. Mary Johnson became director of nursing at four departmental hospitals before transferring to DVA. Others went to positions in public health nursing in the Region or returned to the hospital. The attitude of our director general was that we were educating nurses for Canada.

After a regional nursing officer, Mrs. Winifred Norquay (later Roscoe), was appointed to fill the vacancy which resulted from Kay Brandon's death, orientation programs at the hospital were formalized for nurses employed to work in the field. Regular conferences were held and, when applicable, nurses from the hospital attended.

As well as providing nurses to help during epidemics, the hospital was frequently called upon to loan nurses or nursing assistants to other hospitals or nursing stations in the Foothills Region or beyond. Permanent transfer would be arranged for anyone who so wished.

* * *

From 'Down Under'

by Irene Iker

*Employed April 1955-1957. General duty nurse.
Living in Kirribilli, New South Wales, Australia*

I am honored to have been asked to contribute to the history of the Charles Camsell Hospital. I have chosen to begin by relating how it came about that I went to this hospital, being a nurse from 'Down Under'.

In 1951 I was a District Nurse in Nottinghamshire, England. There I met a Mrs. Richardson from Edmonton who was visiting with her brother who was ill and for whom we were caring. She gave me her address in Edmonton and a very cordial invitation to visit her if I should ever go there. At that time a visit to Canada seemed extremely remote. However, it did eventuate in 1955.

I wrote to Mrs. Richardson for information regarding the hospitals in Edmonton. Included in her reply was a description of work done at the Charles Camsell which immediately appealed to me. Finally, after much form-filling, I stepped ashore at Vancouver on April 15, 1955 with "Landed Canadian Immigrant" stamped in my passport.

On April 21 I began work on Ward 2. I soon found, as I had expected, that the hospital was indeed very interesting. Shortly, I was moved to Ward 4 which accommodated mainly patients who had major surgery. This was very good experience. At first I found that the patients took little or no notice of me. Perhaps it was my accent which must have seemed strange to them.

I had left Australia in the summer and as I had travelled over by ship, I was very tanned. Some of the twelve to fourteen year old Indian girls asked if I was an Indian. When I replied no, that I was an Australian, they asked, "Why are you so brown if you are not an Indian?"

Christmas Day 1955 remains vividly in my memory as it was my first Christmas in North America. It had snowed heavily during the night. I was on night duty on Ward 7, with many children of all ages who were delighted to see snow. Imagine my surprise when, early in the morning, I went into the room for the older boys to find that two of them — one encased, head and all, in a body cast and the other in a leg cast — had got through the double set of windows and were out in the snow having a great time!

Before leaving the hospital that morning, I attended church service in the hospital chapel. Most of the congregation were Indians and Eskimos.

It was impossible to see the steps at the entrance to the hospital as the snow was so deep, so I followed in the footprints of those who had come in for work.



Waiting for dinner. From Left: Miss Irene Iker, Marjorie Peters, Mrs. Gertrude Hartwich.

During my time at the Charles Camsell I worked on most of the wards. I had gone there under an international plan known as Exchange of Nurses, a program for interchange of nurses from other countries. Therefore Mrs. Rapley, who was responsible for nursing education, arranged for me to experience or observe all aspects of work done at that time. Once I was fortunate to be able to go on an escort trip to accompany some children home to their parents in the Arctic. It was a fascinating experience.

When I left in 1957 there were still many patients who had tuberculosis. Not too long after, the Camsell became more of a general hospital.

On the social side, I have fond memories of the great fun we had on our square dance nights. It was a fine way to warm up when the temperatures were below zero. I enjoyed very much, my time at the Camsell.

* * *

Camsell Days (1957-1961)

by Elsie Verwijk

Remembering my earlier years and the pleasant times we had, I returned to work at the Camsell in 1957 when my husband, Fred, decided to continue his studies. We moved into one of the Camsell Units with our wee daughter, Alison. We had a small, cosy suite next door to Leona and Harold Conlin and their two girls, Cathy and Karen. Behind us lived the Smiths: Bert (Smitty), Frances, Bill, David, Donald and Sharon. All around were many other good neighbors including our occasional baby-sitter, Ida Brost, her parents and family. There were a number of people still working at the Camsell whom I knew from before. It was like coming home; the atmosphere was still friendly.

I was lucky to work on Maternity with Mrs.



Playmates, 1958. Staff children, L. to R.: Patricia Hope, Margaret Conlin, Alison Verwijk, Karen Conlin, Jerry Conaty.

Beatrice Mellor. After several months of day shift, I found that I saw very little of my daughter. I decided to work nights in order to be with her during her waking hours. I transferred to Ward 3, post-operative ward for thoracic cases, where I worked with Rosalie Whiskeyjack. We were busy and worked well together.

My next challenge was the position of night supervisor. This entailed looking after new admissions, emergency cases, helping on maternity, making rounds to all the wards, and visiting the single staff quarters. One hair-raising experience I had while making rounds was at six o'clock in the morning when I found a fire under the walk at the outside entrance to Ward 5. With the help of Mr. Fred Purcell, the watchman, we quickly extinguished it. We never did discover by whom, how, or why it got started.

The night staff, approximately thirty-five in all, was a terrific group. They were dedicated, hard-working professionals who were also raising families. Some of the ones I remember vividly are: Mrs. Eileen Wells on Maternity; Bridget Heschel, Irene Hartley and 'Ma' Lang at Switchboard; Lila Brown on Ward 9; Jean Pelton, Ward 7; Edith Wharton, Ward 8; and Harold Davies, orderly on Wards 5 and 6. We shared many happy and sad experiences.

In the fall of 1960, Fred and I bought a house at the opposite end of the city. A few months later, I resigned to be at home.

* * *

The appreciation of the patients was expressed frequently but never in a more touching manner than at the:

Farewell to Mrs. Gilchrist

"On Tuesday morning, June 29, the Ward 9 and 10 Injuns and Eskimos silently left their wigwams and igloos and crept stealthily down the corridors to Ward 1004 where a heap big War Dance was being held to honor Little Chief Medicine-Woman, who had been head of their tribe for the past three years.

When Mrs. Gilchrist was ushered into the ward to the strains of "The Squaws along the Yukon are Good Enough for Me", it was very evident that the ambush was a complete surprise.

Wayne Plume was Master of Ceremonies. He introduced John Pascal, who, after pinning a unique native corsage on Mrs. Gilchrist's uniform, expressed on behalf of the patients, how much her understanding and encouragement had meant to them. Mrs. Gilchrist was then given a hooked rug made by the patients, and plaque of appreciation made by Wayne Plume. The wrapping paper was delicately decorated in black Indian sketches, also done by Wayne.

As Mrs. Gilchrist opened her parcels she slyly remarked, "Oh, this is where all my Scotch tape disappeared to". She then thanked the patients for their gifts and thoughtful words of appreciation. Miss Taylor added, "This is one of the nicest things ever done by patients. I am sure Dr. Matas, who is in Ottawa and unable to be here, would be very proud of you."

The proceedings were taped, and it was most interesting to hear again the music, words of appreciation and responses, as the record was played before the gathering ended.

Those who planned this farewell deserve a great deal of commendation for the thought and work which they contributed. It was voted a most successful affair by all who were invited to attend."

From "The Camsell Arrow" — Summer 1960

* * *



Staff, Wards 9 and 10, 1964. From Left: Mrs. J. Richards, Mrs. E. Sleen, Miss Ford, Mrs. B. Miles.

Even though there was good rapport between patients and staff it was realized that more knowledge of sociological and cultural aspects of their society would be beneficial to all. Miss Cogill further wrote:

"Considerable information was available regarding the Indian culture but a seminar entitled 'Native Peoples of Canada' arranged through the Department of Extension, U of A, proved helpful. Staff members from many of the hospital departments attended. Sixty-four evening classes in oral Cree were given at the hospital by Mrs. Anne Anderson (now Dr. Anderson). Although the few participants did not become fluent in the Cree language, they gained an awareness of some of the problems the Indian people had in learning English.

The Eskimo culture was more difficult to research as there was little material available. Our greatest help came from Miss J. Briggs, a social anthropologist from Boston, who spent eighteen months living with the Eskimos at Back River, one of the most primitive and isolated settlements. On her return she spent some time answering our questions and giving us valuable information. It was interesting, and disturbing, to learn how wrong we had been in some of the conclusions we had reached concerning the reactions and expectations of the Eskimo people."

Recruitment of nursing staff was never a serious problem for several reasons, one being that Camsell was different from other hospitals. The nurses and nursing assistants enjoyed caring for the native patients. They recruited their friends and classmates. Upon their arrival from Scotland, two nurses applied for positions on the recommendation of their friends, Miss Farquhar and Miss Cruickshank, who had recently returned home. Our affiliation program in tuberculosis nursing provided us with the stimulus of young students from the Edmonton hospital schools of nursing, as well as with many fine nurses following their graduation. The effective manner in which staff nurses recruited their friends for summer holiday relief was amazing.

In later years salaries for staff lagged behind those paid in the local area and that did adversely affect recruitment.

The devotion of many nurses to very ill patients was most gratifying. On several occasions nurses came to the office to volunteer to return at midnight, or on their day off, to special a patient on their ward if no one else would be available. Their concern for the welfare of children or adults en route home, or after their arrival, was heart warming.

During their hospitalization, or prior to discharge, patients frequently were taken to the homes of members of staff or for special outings.

The nursing department endeavored to meet the ever changing demands for patient care and specialized services. The out-patient department evolved slowly within the first four years. Finally one nurse, the late Mrs. Anna Cubbon, was given the responsibility of this department and staff health. Stella Bilins (Bentley) has very ably portrayed the tremendous expansion of the OPD and Emergency Departments from 1950 to the present. Maxine LeClair became our first "strep" nurse. Lucy Banks-land has written regarding the program for health education. The addition of a formula room, with Mrs. Doris Mark, R.N. in charge has been recorded with maternity. The medical specialist in the EENT office was given an assistant in the person of Mrs. Elma Thomas, R.N. when the work load became too heavy. As general surgery increased, a room in the surgical suite was converted for post anesthetic recovery and Mrs. Elizabeth Dennis became the first nurse in this area. The demand for oxygen created the need for a room to be added along the corridor to store the big cylinders. Les Giles, our nursing orderly supervisor, was responsible for this service. The last special function was the addition of an IV (intravenous) nurse. Mrs. Maisie Townend learned the basics from the IV team at the Royal Alexandra Hospital and is still the nurse in charge of the team at Camsell. The Aurora Borealis never remained static for more than a short period.

Improvising equipment for patient care in conjunction with the medical staff and the maintenance department was an interesting challenge. The posturization board, used to treat children who had thoracic infections that would respond to nebulized inhalation therapy and postural drainage, was one such item manufactured at the hospital. A tikinagun (cradle board) to keep a child in a semi-upright position twenty-four hours a day for a prolonged period, was another.

It is little wonder that all nursing service personnel were interested in planning for the new hospital. As Ron Bergmann reported in "Trials and Tribulations" two nursing supervisors, Mrs. Myrtle Bibaud and Mrs. Laura Lissack, were designated to work with Mr. Hollingshead to produce a basic design for a nursing unit. Many other staff members were involved. Miss Betty Baines, then operating room supervisor, contributed greatly to the design of the surgical suite.

Several months prior to the move to the new building nurses were assigned to committees to plan policy, procedure and orientation programs in preparation for the eventful day.

In the midst of all this preparation a request came from the personnel department of Medical Services

in Ottawa for **immediate** completion of forms entitled Bureau of Classification Review Position Questionnaire. There was one for each position in the nursing office, each supervisory position, a head nurse and a general duty nurse — twelve involved, detailed, time consuming questionnaires received on May 6 to be returned by May 22! One member of the team sent out by Personnel gave valuable guidance as to how to proceed with this awesome task. True to the spirit always displayed by Camsell nurses, four forms were in the mail by the deadline date and the remainder gradually wended their way eastward with the last one departing by post in mid-June. No one wished ever again to hear the expression BCR.

Open house, to which the entire staff and their families were invited, was held July 5 and included guided tours. At 8:00 a.m., on July 11, a sunny summer morning, the first patient started down the ramp from the dear old Camsell on his way to our long awaited new home.

From Maxine's Diary:

"July 11, 1967: I had the great privilege of pushing the first patient in a wheelchair through the front door of our lovely new hospital. So beautiful it was, but deep in our hearts we all realized we were closing a chapter of some pretty great years. . . a lot of time and many memories.

I met an ex-patient who had been in hospital from 1949 to 1953 with pulmonary TB. He told me that before the wing wards were torn down he went back to his old room, stood where his bed had been and cried. I guess remarks like this tell us how it was in the old 'Charlie's Place'."

* * *

Of July 11 Betty Drury wrote: "No one individual could ever complete such a monumental task. The cooperation, enthusiasm and support given by all staff members in co-ordinating the goal toward which so many had worked for so long was tremendous." (From "The Camsell Arrow", January 1968).

The suite of offices for nursing administration, complete with a spacious reception area, desk for the secretary, individual offices, pneumatic tube system and air conditioning, was a dream come true. Gladys Rapley had gone to Inuvik in 1965 and Betty Drury had come on staff in the vacated position. Marie Gregg had been evening supervisor since 1960 and has completed twenty-five years in this position at time of writing. Eugenie Rogalsky transferred from Saskatchewan Region to be responsible for nursing education. The night supervisors changed every few years but Mrs. Anne Dale was with us when we moved.



Night Staff, 1967. Henry Porodo, Orderly; Charlie Bertleman, Orderly; Anne Dale, Night Supervisor.

The offices for the area supervisors were located at the centre of action - for pediatrics, on the third floor and for medical-surgical, on the fourth floor. Jean Clack, our first medical-surgical supervisor, left prior to the move but not before she had co-ordinated invaluable plans for the daily operation of the new nursing units.

Cecelia Kilcoyne's writing ended with "it was team work that laid the foundation for the fine institution it now is".

It is impossible to thank everyone who contributed so much over the years: from within the Camsell and the hospitals within the city; from the local community to the entire City of Edmonton and beyond; from our own Medical Services and other federal departments; from civic, provincial, national and independent health agencies; from the University of Alberta and from our patients who were our *raison d'être*. The Indian people taught us the strength of silent support during impending death; the Eskimos, the value of quiet acceptance of the inevitable.

The last entry in Maxine's diary reads:

"My spot in the new Charles Camsell was on men's medical, Station 52, as head nurse. We had a lot of fun learning to use all the new equipment, pneumatic tubes, the nurse call system and pillow speakers to name a few. With the support of Dr. E. Romanowski and Dr. Baruha we became functional but we never seemed to have enough patients. This problem arose because there were not enough doctors with admitting privileges to the medical unit. When Dr. Charles Harley came to Station 52 in 1972 I

explained our problem; he assured me this soon would change, and it did. Dr. Harley came on staff as Chief of Medicine and from that time we have never been in need of patients.

In 1982 the position of evening supervisor, on a part-time basis, became available. I had done this work before and really enjoyed it. I did some serious thinking and decided to leave my good friends on Station 52 to accept this challenge. As usual, where the Camsell is concerned, I had made a good decision. I plan to continue working for awhile and hope to have an active part in the celebration of the fortieth anniversary of the Charles Camsell Hospital."

On September 1, 1971 Miss Taylor transferred to Canada Manpower Centre as a counsellor. Miss Cogill, Miss Louise Tod and Mrs. Rapley variously acted as director of nursing during the interval until Miss Jean Newman was appointed to the position as Assistant Executive Director, Patient Care in June 1973. She moved upward in the administrative hierarchy and Mrs. Barbara Geyer was promoted to director of nursing December 5, 1980, a position she still holds. Miss Cogill retired in 1974.

For nursing, the kaleidoscope of change continues to be met by those who enjoy and appreciate challenge and whose objective is high quality, comprehensive patient care.

It has been very gratifying to the members of the "history book" committee to meet at the Charles Camsell General Hospital and find that, under the dynamic leadership of Mr. Bill Dartnell, the spirit of the Camsell has been renewed; that the Indian and Inuit people still feel that it is their hospital. It is impossible to estimate the impact that the decision made in 1945 by Dr. Moore and other officials of Indian Health Services, Department of National Health and Welfare has had on the lives of so many people. We can only echo the sentiments of Doreen Callihoo, "keep up the good work Camsell".

"Charlie's Place"

by Winifred N. Hulbert

(Quotations are from Maxine's diary)

Headlights made moons
of the doe's eyes as she stood
on the highway's edge
waiting
while the world sped by.

Looming at a window
dark eyes
staring at city lights
while his nights inched by . . .

He had not wanted
to exchange freedom

and far-away family
 for a strange bed strange faces
 unintelligible tongues:
 had not wanted to suffer surgery
 needles in personal places
 and rest rest rest . . .

He had not wanted to
 but he waited thawing
 in the warm light of their caring . . .
 four years he waited
 for his lungs to heal.

Loneliness waxed and waned.
 Friendships budded
 wary of frost.
 His silence
 became a wisp of wind
 rustling new leaves.
 He dared to grow.

Then one day like the doe
 on the highway's edge
 waiting
 he was free . . .

After many moons
 before those wing wards fell
 with the forward striding
 of the Charles Camsell
 "he went back to his old room,
 stood where his bed had been
 and cried."

Letter From Cambridge Bay, N.W.T. — Bertha Stewart

Employed December 1, 1947-December 12, 1950. General duty nurse; also scrub nurse in the operating room for eighteen months. She married and has six children. Her husband was killed in an industrial accident. When she found it increasingly difficult to work as a nurse and care for a family, she changed to another career. For nineteen years (1965-1984) she was Publisher Representative for McClelland & Stewart. In 1984, she went into partnership in a bookstore, The Sandpiper Bookstore, and has recently opened a second bookstore featuring children's books.

Dr. Meltzer, Medical Director, requested that two nurses be sent to Cambridge Bay, N.W.T., on April 21, 1949, to care for the Eskimos there who were ill with influenza. Bertha Stewart, R.N. and Florence Dirkes, R.N., volunteered to go. They were there from April 22 to May 10, 1949. Dr. Paul Harvey and Art Anderson, Hospital Pharmacist, also went to Cambridge Bay to assist.

Bertha has granted permission for the inclusion



L. to R.: Art Anderson, Pharmacist, Florence Dirkes, R.N., Bertha Stewart, R.N., Dr. J. Paul Harvey, S/L Buchan, P. O. Anaka on board RCAF Dakota, April 21, 1949.

of extracts of the letter which she wrote to her mother in O'Leary, P.E.I. The letter was dated April 25, 1949.

"Hope you got my card last week. Believe me, we have been launched on a high adventure. Last Thursday at 11:15 a.m. we were asked if we would like to come on a mercy flight. We had to be ready at 12:15 p.m. The Air Force flew us in here. We stopped overnight at Ft. Nelson, B.C., and arrived here at 1:30 p.m. on Friday. It was so amazing after leaving summer weather in Edmonton to find sub-zero weather and snow here. Incidentally, there is an influenza epidemic among the natives. Sixteen have died already and we have fifty-three hospitalized, plus about a dozen others in various igloos and Quonsets."

"We didn't have a clue as to what to expect. We are the only white women here. In fact, there have only been three or four ever here. Cambridge Bay is situated on the south side of Victoria Island, over 200 miles within the Arctic Circle. There is an R.C.A.F. station with about thirty-five men, a Hudson's Bay Store, two R.C.M.P. Constables plus approximately sixty-five natives. There isn't a tree within hundreds of miles. A bleaker place you never saw, but we are having a wonderful time. You should see the meals they serve here. There are four or five kinds of fresh vegetables with every meal. We even get milk, pickles and everything, including roast caribou and delicious fried ptarmigan."

"The first night we were here we went to the R.C.M.P. barracks. For lunch we had lobster salad, as well as a variety of food. Amazing, isn't it? You can't mention a thing they haven't got. For instance, we have several newborn babies and we happened to mention baby oil so Andy (Art Anderson) just

reached up on the shelf and handed down the Johnson's Baby Oil."

"Saturday night we went to the weekly square dance at the canteen. Being the only two females there, we weren't exactly wall flowers, but we realize like the author of "Face Powder and Gun Powder" that even if we were sixty and covered with warts, it would be the same. Anyway the party lasted far into the night. When we got home the sun was shining brightly. It gets somewhat dusky here around 10:00 p.m. but starts to get light again at 1:00 a.m."

"On Sunday we had a rare experience. We went for a ride by dog team. It was a beautiful day and it was really an experience. There were nine big dogs hitched to a long sled made the ancient way with mud on the runners and undressed deerhides to sit on. Those hounds really can travel."

"By the sound of all this you would think we were loafing but actually we have averaged twelve to fourteen hours of work per day, as you can imagine with nearly sixty patients, all sizes and ages. The hospital wards are Quonset huts, each one has five beds, but most of the women have babies with them. We had a new one born the first night here. We have many smaller kids, two in a bed. One of the patients is a fellow who murdered his mother and is a prisoner of the R.C.M.P. He is in bed, and that is all! The huts are scattered all over the side of the hill, about ten minutes walk from here, so we have to boil up all our supplies and trek down with them. We also have patients in six or seven igloos scattered all over the bay. We call them winterized summer cottages. You have to get down on your hands and knees to crawl in the door, and when you get in you can't stand up straight, but they are very warm — heated by a seal oil lamp. The families all have big rolls of toilet paper and boxes of Lux soap; smoke ready-made cigarettes and use Ronson lighters."

"In one of the igloos they have a polar bear cub. It is the cutest thing imaginable. It is about the size of a lamb and its fur resembles thistle down, but it is as quick as greased lightning."

"We are taking many pictures. You can get films here for 23 cents, so if the pictures are any good we'll send some."

"There are many dogs the size of polo ponies. Over on the point they have all the dogs belonging to the sick people. The R.C.M.P. have to feed them. They are very noisy at feeding time. This is the call of the North."

"We didn't have a clue when we came here as to the length of our stay. There is only one plane a week, on Wednesday. Dr. Harvey may be going back then, but we intend to stay for another week as this epidemic isn't controlled!"

"I should add that we are housed in the M.I.R. (Medical Inspection Room, to you) and this place is out of bounds from 10:00 p.m. to 10:00 a.m. We are very snug and warm, in fact too warm now. We have oil heaters, sterilizers and a hot plate, and almost every hour somebody makes coffee."

"The two kids who work with us are very nice. One is the medical orderly. He can do almost anything. The day before we came he was giving subcutaneous feedings to one of the babies. The other kid is with the R.C.M.P. He has been here for three years and speaks the language, so he is a big help. Everyone has really been wonderful."



L. to R.: Florence Dirkes, R.N., Bertha Stewart, R.N. and RCAF Medical Orderly, M.I.R. Cambridge Bay, N.W.T.

"You should see us when we get dressed to go out. The R.C.A.F. at Fort Nelson outfitted us. When it is blowing we wear our ordinary underwear and nylons, a pair of wool socks, our pyjama pants, our own ski pants, a pair of khaki canvas windproof R.C.A.F. issue pants, a small nylon sweater, a turtle-neck pullover, a red wool flannel shirt (R.C.A.F.), a cap (campus classic style) plus a parka and flight boots which come to our knees, fur mitts and dark glasses. It is a good thing that there are long hours of daylight, or we would never get on our rounds."

"It is the wind that is so cold here. All the buildings are banked with snow and they have snow tunnels up to the doors. The worst feature of this place is that I am beginning to put on weight again."

"You must be getting frightfully bored with all this but I assure you it is a wonderful experience. We had pictures in the papers the day we left and I dread the barrage of reporters when we get back. You are likely to hear us on the radio (joke)."

"It is 10:30 p.m. now and really bright out. We

are going down to make rounds before we turn in so, for now, Cheers!" Love Bertie

P.S. One of Don Messer's Islanders (Larry Rowe) was playing the piano at the dance Saturday night.

Editor's Note:

Florence Dirkes accompanied Bertha to Cambridge Bay. On their return they wrote an article for "The Camsell Arrow" and a few excerpts follow:

"As we stepped from the plane we met Dr. John Callaghan who was ready to take off to Holman Island. He had been at Cambridge Bay doing emergency work amongst the Eskimos. The Commanding Officer and party, all the natives, dogs and cameras in the village were there to meet us."

"Dr. Nagler, Ottawa, and Dr. Sturdy, Pathologist, Edmonton, arrived, while we were there, to make a study of the disease which seemed so baffling." The cause of the epidemic was influenza virus type A.

"While there we met Ivor Agak who had been a patient at the Camsell. We also met David Panioyokak, who had just left the Camsell hospital a few days before. He was acting as interpreter for the R.C.M.P. He was so surprised to see us and greeted us with "Well, I never thought that I would be seeing you in Cambridge Bay."

"We left the eleven patients still in hospital under the care of the R.C.A.F. Medical Orderly who had proven very capable of handling the situation. We express great admiration for the splendid work of the R.C.M.P. and the R.C.A.F."

Maternity Ward

by F. Elva Taylor

Mr. and Mrs. Alex Janvier were the proud parents of the first baby born in the old hospital. The arrival of newborns had not been considered when setting up the hospital. There was no maternity unit, no nursery and no bassinets. But Mrs. Janvier had tuberculosis and was expecting a baby! The students in the wood-working class at the nearby Westmount Public School rose to the occasion and made a very attractive bassinet that resembled a miniature child's crib. Baby Paul Janvier, who arrived in midsummer 1946, had a place to lay his wee head. Later, the bassinet served for many years as a fern stand at the front entrance to the hospital.

There is another claim to a "first". The first birth entered in the book in which all later births were recorded is that of Maxine Burnstick of Riviere Qui Barre. Years later, on April 3, 1964, Maxine had her first child at the hospital. Arden Clifford LaFleche became known as the "first baby's, first baby"! By this time just under 1,600 infants had made their debut at the Charles Camsell.

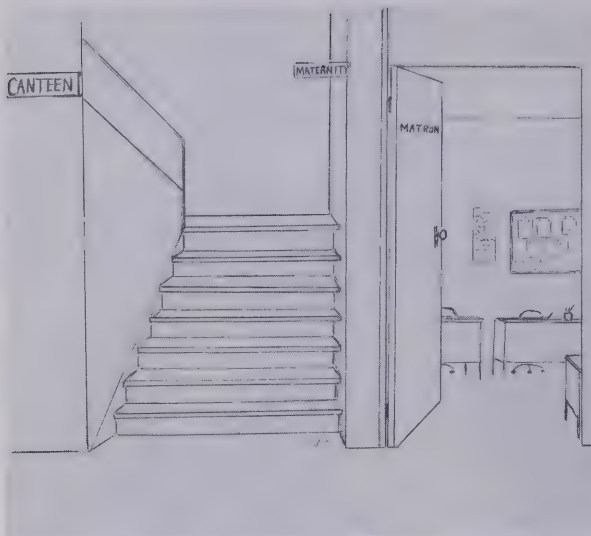


Mr. and Mrs. Alex Janvier with the first baby born at the hospital, 1946.

Originally, one room on Ward 1 in the main building, which was separate from the patients who had tuberculosis, was used as a newborn nursery. In 1947 it became necessary to establish a complete obstetrical unit for maternity cases. The upper level of the north annex was renovated to meet this need and Margaret Cogill was the nurse assigned to organize the unit.

The difficulty with this location was getting patients in labor to the maternity unit. The stairway to the upper floor was quite steep and narrow and had a ninety-degree turn at the halfway point making it impossible to manoeuvre a stretcher. Therefore the patient had to either be carried up or persuaded to mount the steps as quickly as possible between pains. Later, to meet fire regulations, an outdoor stairway was built to the roof of the corridor connecting the annex to the brick building. It was, on occasion, used to bring stretcher cases from ground level and the patient was passed through a window in the unit that opened onto the roof.

Except for these inconveniences, the unit was adequate for the number of obstetrical patients admitted during the first few years. There were two rooms with three beds in each. There was a delivery room and a new born nursery with four bassinets. The



Up the stairs and around the bend.

other facilities were small but sufficient for the few patients, most of whom came from the various Indian Bands of the Edmonton Agency. The latter originally was comprised of five bands: Enoch's at Winterburn; Paul's at Duffield; Alexis at Glenevis near Lac Ste. Anne; Alexander's at Riviere Qui Barre; and Michel from Calahoo. Later the Michel Band, at their request, was enfranchised (became part of the Municipal District of Sturgeon, received the right to vote and relinquished their treaty rights) so their people did not necessarily come to the Charles Camell Hospital after that time.

The doctor on duty was responsible for delivering babies born after regular working hours. Otherwise, maternity duty was assigned to one of the medical staff by the hospital superintendent. Dr. Ross Vant was the consultant for obstetrics for several years. He was followed by Dr. A. H. (Havelock) MacLennan and Dr. Stephen Parlee from the Baker Clinic. Dr. James Calder was consultant for the newborns.

The nursing care was provided on an ad hoc basis as the patient census fluctuated constantly. On occasion there would be no patients or perhaps only one or two. Therefore staff members from the nursing office, which was located directly below, added maternity nursing to their duties. Frequently, when the staff nurse had to leave the unit, the newborn was wheeled in beside its mother. She was instructed to ring her handbell if either she or the baby required a nurse. The Switchboard Operator, also situated directly below the unit, upon hearing the bell paged the Nursing Supervisor immediately. Very rarely was the patient a first-time mother, so this system worked

satisfactorily. The mothers loved the freedom of going to the nursery for their babies, and looking after them as though they were at home. The unit was staffed around the clock whenever required.

As the years passed, the teaching done on the reserves by the Public Health Nurses, the doctor for the Edmonton Agency and the staff in the Out-Patient Department of the hospital, gradually effected an increase in the number of women coming to hospital to have their babies. This made it necessary to have a permanent staff. Mrs. Winnie Shandro was appointed as Head Nurse, followed later by Mrs. Beatrice Mellor. Methods were improved and some new equipment purchased including an incubator for premature infants and later an isolette for the same purpose as well as for other newborns requiring specialized care.

With additional infants in the nursery it became necessary to sterilize the feeding bottles by using steam under pressure (autoclaving) and eventually to construct a formula room where terminal sterilization of formulae for obstetrics and pediatrics was done. However, the original procedure of boiling the bottles and the nipples and making formula for twenty-four hour periods was ideal for teaching purposes. In fact, owing to lack of refrigeration in their homes, the mothers often made one bottle at a time as required.

In the 60's, Dr. Norbert Schweda accepted medical staff responsibility for the Obstetrical Department. As the patient population increased, the little unit became crowded and very inadequate. The number of tuberculosis patients in the hospital had decreased. It was possible, therefore, to convert old Ward 1 in the main building into an obstetrical unit. This was done and, while far from perfect, Dr. Schweda, the staff and patients had some space at last.



Mrs. Beatrice Mellor with 1 pound, 10 ounce Robert Stuart, in the isolette, born on May 10, 1963.

Everyone looked forward to the move to the modern facilities on Station 22 in the new hospital in 1967 where labor rooms, case rooms, nurseries, adequate bed space, and a dining room for patients would be available.

The Indian women were fantastic patients. They always were cooperative and rarely complained of pain. There were times when we discovered that they were in labor only by the expression on their faces! We had little experience with Eskimo women as maternity patients but they, too, were always cheerful and cooperative.

Everyone loved the dear little babies. Those who remained longer in the nursery because their mothers had tuberculosis were lavished with affection. Many of the Indian mothers had beautifully embroidered "moss bags" into which the new baby was lovingly-laced for the homeward journey. The "bags" usually were made of velvet. Loops were located on both sides of the front opening with a long narrow strip of moose hide that was used to lace the bag securely after the well-wrapped baby had been placed inside. A lace-edged white head cover was tucked into the back of the bag and placed over the baby's face before leaving the hospital.



Shometook from Gjoa Haven, King William Island, with twin sons, Blair and Allan, born January 1961.

The first Eskimo baby born at Charles Camsell was in 1950. On March 2, in the Protestant Chapel, she was christened Mary Margaret Alliyak by the Rt. Rev. W. F. Barfoot assisted by Archdeacon Clough. Her mother was Mrs. Millie Apotaluk of Cambridge

Bay, Victoria Island, N.W.T. The first Eskimo twins were boys, Bob and John, born to Jessie Hogialuk of Bathurst Inlet, N.W.T. The second set of twins, also boys, were born in 1961 to Shometook from Gjoa Haven, King William Island. Eskimo twins arrived a third time but in the new hospital on January 15, 1968. Their mother, Betty Akoak of Cambridge Bay, named them Winnie and Lucie.



Mr. and Mrs. Moses Kootenhayoo from Glenevis with twin sons Ellis Marcel and Willis Morris, born December 25, 1965.

"On January 1, 1965, Vivian Grace Kootenhayoo became the first "New Year" baby born in the city and was also the first Indian child in forty-two years to achieve this distinction." (Edmonton Journal). Her mother, Mrs. Solomon Kootenhayoo, from Glenevis sent the following letter to the Journal:

"I am a very lucky mother to have Miss 1965 and am very happy about her.

I am also happy and thankful to the people who have made the occasion even more thrilling by donating such wonderful gifts as my baby has received.

All I can say is a whole-hearted 'thank you' to the donors".

At Christmas 1965, twin boys, Ellis Marcel and Willis Morris, were born to Mrs. Moses Kootenhayoo of Glenevis. The boys are cousins of Vivian Grace, the 1965 New Year's baby.

The first twins to be born at the hospital to Indian parents were boys, to Mr. and Mrs. Noel in 1947.

A few days prior to moving the patients into the new hospital we participated in another "first" by our participation in a "live" world-wide television program from the new maternity unit. The event was reported by Dr. G. Gray in the "Camsell Arrow", 1968:

"Our World"

June 25, 1967 marked a milestone in television program production. A complex two-hour show was broadcast "live" in its entirety around the world using three American and one Russian satellites. Seventeen countries including Canada were originally scheduled to participate.

Thirty countries around the world with a potential audience of 600 million people, or one-sixth of the world population, saw the telecast. It cost over \$5,000,000.00 to produce.

The Charles Camsell Hospital was asked to participate in this history-making program and so a newborn baby and its mother at the hospital were seen by people all over the world. Our baby was Debbie Lori Auger born to Mrs. Frances Auger of Wabasca, Alberta a few hours before the telecast. The baby girl shared this portion of the program with other newly-born babies in maternity wards in Mexico and Japan.

Afterwards the CBC Television crew presented Mrs. Auger with a layette for Debbie Lori."

Ward Aides

by Erna (Hahn) Greenly

Employed February 1, 1950-April 1957. Living in Coronation, Alberta.

The successful operation of any hospital is dependent upon many different units working together toward a common goal. Ward aides were a small but very necessary cog in a big wheel.



Our Early Ward Aides, 1947.

Ward aide duties at the Charles Camsell Hospital were many and varied. They included most aspects of patient care: bathing patients, making beds, helping with general ward work and most of all "Tender

Loving Care" while carrying out these duties. A few of the ward aides also worked in the operating room, laboratory and the X-ray department.

During the 1940's and 1950's the main objective of the Charles Camsell Hospital was the treatment of tuberculosis among the native people. In order to learn about tuberculosis and its treatment, the aides attended in-service training lectures on a regular basis. It was a real eye opener for those of us who knew little of this affliction.

Uniforms were supplied and laundered by the hospital. Initially the uniforms were royal blue with white aprons. In the early 1950's these were changed to white with white aprons.

Not everyone lived in residence but accommodation at the hospital was available if one wished. Employees who lived away from the hospital could purchase meal tickets at a very reasonable rate. Contrary to legends of "blah" hospital food, meals provided by this hospital were nutritious, wholesome and tasty.

Ward aides were the forerunner of today's Certified Nursing Aides. In the earlier days the only training received was on the job, and the knowledge gained proved beneficial in many phases of life for years to come.

* * *

I started work at the Charles Camsell Hospital on April 14, 1946. I worked on Ward 8 when I started and moved to Ward 2 in the main building when the children were moved there. I spent most of my years prior to 1952 on Ward 2 although I also worked on other wards.

We always had nice Christmas dinners which were held in the main dining room and served to us by the senior staff. I especially enjoyed the fact that we could bring our families to the festivities.

I moved to the operating room in 1952 and worked for Miss Hall, O.R. Supervisor, whom I found to be very nice. I stayed in the O.R. until my retirement in December 1976. We had moved into the new building in 1967. It was with great sadness and fond memories that we watched our "old home" being torn down.

Kay (Lagore) McLeod

* * *

I have fond memories of the time I worked at the Charles Camsell which I always thought of as my second home. How well I remember my very first day. I was very proud in my starched uniform and was ready to take on any task. As I was standing in the doorway of a twelve bed ward a little Eskimo lady came up to me, and started to sing and dance around

me. As I was tall (5'11") and this lady was so tiny I really felt like an elephant.

Another memory I have is staying on shift with patients who were unable to attend the Klondike Parade. We were in the outside recreation area having cookies and juice and trying to sing Indian songs. I recall the time a native patient asked me if I could speak Cree and took this as a real compliment.

It would be nice to see all the "old girls" that I worked with.

Ruth Abendroth

* * *

I remember my time at the Camsell as the best years of my life. I worked as a ward aide on all of the wards and in the operating room. I also worked as a laboratory clerk and a relief switchboard operator.

I worked a long time with the children on Wards 7 and 8 and found Miss Middleton to be a kind and helpful charge nurse. Once or twice during acute nursing shortages I worked evening shift on Ward 8 with a nurse from Ward 7 acting as my supervisor and dispensing medication for my patients.

One of my fondest memories is a caring conversation with Miss MacDonald, Assistant Matron, in charge of the aides. She called me to the nursing office one day and immediately I wondered what I had done wrong. To my surprise, and great relief, she wanted to talk to me about enrolling in nurses' training. As I only had grade eleven, she arranged for me to go back to school in the mornings while continuing to work the evening shift. She even offered to lend me money if I needed it during my training. How gracious and kind she was to me. Her interest in my life at that time gave my morale a boost which lasted all my working years. It is something I will always treasure.

Along with the happy memories are also the embarrassing ones. My most embarrassing episode occurred when my roommate, Rusty, phoned and asked me to bring her pen to the ward where she was working. When I arrived and gave her the pen, she handed me a bag of Mandarin oranges to smuggle back to the residence. Knowing that this was absolutely forbidden, I was quite hesitant to fulfill her request. Realizing my reluctance to participate in her plan, she gave me a push which caused me to trip on the stairs and the oranges and I went sailing down to the second floor where the nurses came running to the rescue. This is the only memory from the Camsell that I would like to erase.

Bridget (Heschel) Carter

* * *

It is difficult to describe in a few paragraphs the

many interesting incidents of my years at the Charles Camsell Hospital.

I started working at the hospital on February 1, 1950. My previous experience had been in small rural hospitals and I was not quite sure what to expect in a large institution. How well I remember my first morning. I was taken to Ward 7 which was teeming with children. The charge nurse was Miss Agnes LeBlond and she looked harassed and busy. All she said was, "Do you know how to make a bed?" to which I answered, "Yes". I was sent to Ward 7B which housed fifteen cribs and proceeded to change linen and make up the cribs. Soon help arrived and we not only finished that ward but also a few other rooms as well.



Ward 7 children, 1950.

I was then shown the bathing room. Bath time on Ward 7 was something to experience. A nurse and a ward aide, garbed in masks and gowns, would happily bath all these little ones — about fifteen of them perched on potties around the room while waiting their turn in the bath. Once I became accustomed to the noise, crying and feeding of this multitude of youngsters, I really enjoyed working in pediatrics and spent most of my time on the children's wards. I also worked on Maternity, Wards 5 and 6 and in Unit 3. This non-TB ward was quite unique as it was more like a cottage than a regular hospital ward.

My favorite time was when I worked the noon to 8 p.m. shift on Ward 7C. There were fourteen little

girls aged six to nine years. What a neat little group they were! I must relate one incident that I remember very vividly. While I went for supper those little girls were usually supervised by the nurse downstairs. It was difficult for the nurse to be so many places at once. One evening, on returning from supper, I could hear a big commotion coming from 7C. Everyone was jumping and yelling, "Christine, her swallow a nail". That afternoon, a group of well-meaning ladies had been visiting and had tacked pictures above each bed. Christine put one of these tacks in her mouth and swallowed it. We fed her a slice of bread and took her to X-ray. I always felt that these children had guardian angels. That tack travelled through Christine and she passed it the next day, much to the relief of all staff concerned.

I also remember the evening a plane load of Eskimos arrived from the north and extra help was sent from other wards to Wards 1 and 2 to help with the admitting process of bathing, washing hair and getting everyone to bed. I have often thought about the bewilderment those people must have felt at being flown many miles from home, in a large aircraft, and ending up being undressed and bathed by strangers. Very few could speak English and I'm sure the whole procedure was quite foreign to them.

In 1955 I became very ill and, knowing that I would be unable to work for many months, I wrote to Miss Taylor explaining my situation, fully expecting to be terminated. Dr. Matas, who was Medical Director at that time, answered my letter and informed me that when I was well again I could return to my job. It was a dark time in my life and this was the best news I had received in many months. Such was the compassion and understanding of the supervisory personnel at the Camsell Hospital. They were always willing to listen and help if you had a problem.

When I returned to work I was a ward clerk on Ward 8, which by this time was a non-TB children's ward with Mrs. Myrtle Bibaud in charge. I really enjoyed this but in April 1957 I remarried and we moved to Fort Simpson, N.W.T. My husband worked for the Weather Bureau and in the three years we lived there we had two visits from Camsell staff members who had accompanied young patients to the north. I also knew many of the staff who came through with the X-ray survey party.

While in Fort Simpson I came across two "Camsell" graves in an old cemetery. I tried to find out the story behind the small graves but all I learned was that Dr. Charles Camsell's parents had at one time lived in Fort Simpson and some members of his family had died there.

We moved from the north to Pincher Creek in southern Alberta and while there I met Eleanor

(Seenum) Warrior. She also had worked at the Camsell during the 1950's and it was a coincidence that we should meet again fifteen years later at the far end of the province. She had married a boy from the Peigan Reserve at Brocket and was now a widow and left to raise six children. Eleanor passed away in October 1984, a victim of cancer.



The first two Treaty Indian girls to graduate as Certified Nursing Aides, Eleanor Seenum and Beatrice Hunter.

At the reunion in 1979 I had a tour of the impressive new hospital. It is a far cry from the old building. However, I feel much credit should be given to a very dedicated staff that worked in that old building, kept everything running smoothly and helped towards the cure of tuberculosis which is now almost non-existent among the native people. I am very proud to have been a member of the staff of the "original Charles Camsell Hospital".

Erna (Hahn) Greenly

"Learn As You Go"

by Ruby (Johnson) Ganton

Employed 1946-1947.

Just out of high school, Dorothy (Cockroft) Burke, Eileen Burke, my sister, Irene (Johnson) Fowler, and I decided to seek summer employment at the Camsell. The other three girls left at summer's end, but I chose to postpone college for a year and continued to work for eleven months.

We were hired as ward aides to work days, nights

and split shifts. Assistant Matron Miss Eloise MacDiarmid put us through a crash course in bed-making, and taking and recording the patients' temperatures. The remainder of our duties were covered on a "learn as you go" basis but with understanding and patience from nurses and patients it worked well.

Irene was assigned to Ward 2 in the main building. It consisted of a large ward with Eskimo and Indian women and a small ward and a private room for postoperative DVA patients. I went to Ward 1 and worked for Mrs. Gardner who was very special to me. On Ward 1 were Indian women and the newborn nursery. I spent much of my day in the nursery and loved every minute of it.

Some of the babies were born at the hospital, their mothers having come in with TB during pregnancy; others were tubercular. Marie (Baudin) Collar, Gladys (Hortie) Wilson and I sort of adopted three of the children and spent extra time with them. Bella Lightning was my little one.

There was often a language barrier, especially with the Eskimos, but this was soon overcome. They were a shy but affectionate people. The Indians were so talented in their handicrafts. I still have a crocheted doily given to me by one of the patients when I left.

During the supper hour we were often asked to help pass out trays on Wards 5 to 10. This was my first contact with the DVA's and the adorable Indian children on Ward 9.

After several months I was asked to take over the



Evelyn Carmody using heat lamp on Carl D'Arcangelo, 1947.

"lamp", used for ultraviolet and infrared treatment of skin conditions. The lamps were portable and brought into the ward to the patient. One such patient was Joe Black (a real tease) in Ward 5A. In the next bed was a curly haired, good looking young man, Jerry Ganton, who some five years later would become my husband.

Two very ill patients stand out in mind. One was Albert Johnson in a private room on Ward 8. What a surprise and thrill to see him looking so well at the Camsell reunion. The other was a badly-burned young Eskimo boy, also in a private room on 8. He



Nursing Aides, Ward Aides and Trainees, ca. 1969.

had held his little sister over the side of a boat as it burned.

Eleven months is but a short period in one's life but, for many, our futures took their beginning at the Camsell. Somehow the pain and sorrow are forgotten and the fun times, the caring and memories of so many people are cherished. A close bond was formed by the DVA fellows and so we, as families, continue a close friendship.

There are so many to be thanked in the care given these young men. I must give a special Thank-you to Dr. Meltzer. We would hope that, in part, this book might be dedicated to him.

A New Home, A New Life

The women who arrived at the Charles Camsell Hospital, many of them aboard the same ship as the doctors, were Olga Rosner, Christine Matiwiejceyk, Albertine Neuding, Irene Sawacka, Lucy Slusarczyk, Emma Grici, Lena Boyko, Paraskawia Ewarec and Nadia Karchmarik. Christine sponsored her mother, Mrs. Maria Matiwiejceyk, who arrived in 1949. All were given rooms in the staff residences.

Emma Grici, who was a translator in Russia, and Nadia Karchmarik, a professional engineer from the Ukraine, completed one year of service and then moved to Montreal. Lucy Slusarczyk remained for over a year before seeking other employment. Later she returned, as Mrs. Shelemey, and is still employed at the hospital. Olga Rosner (Mrs. Pawlowski) lives in Chicago. Christine married Miet Janusz and they

are in Edmonton. Christine's mother is a resident at Dickensfield Extended Care Centre.

Albertine became Mrs. Politanski and remained a loyal, hard-working member of staff until her retirement in 1968. She resides in Edmonton.

No information is available regarding the others.

Mrs. Shelemey tells of the loss of her wallet the same day she received her first pay cheque of fifty dollars per month. After cashing her cheque she took half of the money and went downtown to buy a pair of winter boots. She opened her purse and discovered that her wallet was missing. On her return to the hospital she reported the incident. Dr. Meltzer arranged that an advertisement be placed in the newspapers requesting the finder to return the wallet as the owner was a newcomer to Canada. When it was not found, he personally gave Mrs. Shelemey twenty-five dollars.

Orderlies

by Max T. Conaty

In the beginning when staff allotments were being considered, it was decided that orderlies would be assigned only to wards where male adults were treated. However, as with many early decisions, a number of changes were needed to equalize certain duties on all wards. It was recognized that the initial distribution of the male staff was unfair, and the fact that experienced orderlies were difficult to recruit called for certain changes in staffing. The end result was that all wards were provided with a male staff member.



Lucy Slusarczyk (now Shelemey), Christine Matiwiejceyk (now Janusz), Irene Sawacka, 1948.



Orderlies, late 1940's. L. to R., Back Row: Richard Lidstone, George Berg, Bob Gray, (unknown). Front Row: John Sewell, Frank Rachanski (Housekeeping), Matthew Wesley.

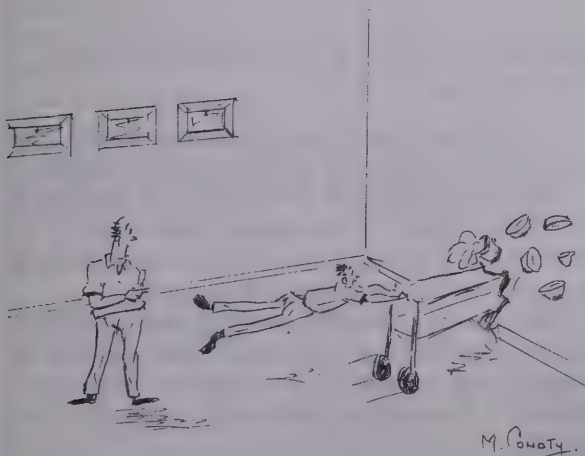
Experienced orderlies were classed as a member of the nursing service on male wards and were not required to perform janitorial duties. On the remaining wards male staff members were classed as hospital attendants and carried out the duties of a porter and assisted with the cleaning duties throughout the hospital. This arrangement apparently was the answer as complaints from the wards decreased.

The duty list for the orderlies varied from ward to ward, depending on the treatments carried out. Regardless of the ward, however, one duty that was high on the list was the transportation of patients to the X-ray, laboratory, the dental office, and other departments. Most of this movement took place before 9:00 a.m. as the wards were closed from 9:00 a.m. to 11:00 a.m. for rest periods. A well-organized orderly would ensure that he had sufficient equipment on hand to move all the patients listed for travel. He had to be set in "high gear" at the start of a day's work. A slow mover could run into difficulties.

To assist staff with the early morning rush, there was an unwritten law which gave the right-of-way in the hallways to the stretcher and wheelchair patients. No speed limit was posted. However, staff members were prohibited from running while pushing patients. In a short period of time the orderlies became experts in the moving of patients.



Theodore Chalifoux and Johnny Gent, Orderly, Ward 9, 1947.



"I forgot to tell you I oiled the stretcher today".

As one may expect, a certain bond was established between long term patients and the orderlies. Unlike others on the nursing staff, an orderly did not request patients to take sour pills or jab them with sharp needles. An orderly could always get "full marks" from a patient when he was thoughtful enough to allow a short visit between patients (male

and female, of course) while waiting at the X-ray or laboratory.

The nature of the duties which orderlies were required to carry out was governed by the type of treatments offered by the ward. An orderly on the surgical wards had to have a good knowledge of oxygen equipment, and other equipment used for post-operative patients. Orderlies on orthopedic wards had to be capable of handling heavy casts. Patients in body casts were rather difficult to move. This was no task for a small guy.

In order to provide orderly and porter coverage for all departments in the hospital in the early days, a total of twenty men were employed. Orderlies were assigned to the Operating Room, the Cast Room, and Physiotherapy. These three did not perform ward duties.

Of course, not all men in white around the hospital were orderlies. Regulations required that all male indoor staff wear whites. A man in a white shirt and trousers could be a cook, X-ray technician, laborato-



Our Orderlies, 1969. Stan Rees, Lloyd Kent, Elmer Carlson, Henry Kowalski, Singh Alag, Eddy Bellerose, Glen Daly, Bob LeCavalier, Mike Olchow, (unknown). Front Row: Louis Perreault, Erwood Hunter, (unknown), Moise White, Dennis Devaux.



Retirement party for Lawrence Anderson, Orderly. From Left: Mrs. Anderson, Mr. Anderson, Miss Elva Taylor.

ry assistant, storesman or dispensary helper. However, the man on the move was usually an orderly.

The Good Old Camsell Hospital
by Joe Villeneuve
Patient November 1950-February 1952.

Employed 1952-1960 as an orderly. Now living at Fort Simpson, N.W.T.

I am writing about the Camsell Hospital back in the 1950's, the good and bad times that I remember.

I was admitted late in 1950, and in the summer of 1951 I was ready for discharge. While waiting to return home, I was asked to work as a barber to help the staff. I did this for two or three months.

That autumn I caught a bad cold. Not only that, I developed rheumatic fever and I was put back in hospital, and to bed for five months. When I recovered I returned to work at the hospital as an orderly.

In the autumn of 1954 I was married. We found a two-room suite close to the hospital and I continued with my job. I enjoyed working with the patients. There was always something to be done which made the time pass quickly even when on the evening or night shift.

One of the good things about working at the Charles Camsell was that everyone was cheerful. There were always people laughing and cracking jokes. It was fun. That is why today I often think



Joe Villeneuve, Orderly, John Pascal, Orderly, Archie Wilkins, Hospital Driver, 1954.

about the old place. Some of the staff parties, especially the dances on New Year's Eve when we danced the old year out and the new one in, are among my pleasant memories. Everyone had a really good time.

Many years ago I came back to live in the north. I was out to Edmonton and went to visit at the old hospital. I knew that it was going to be torn down, but

didn't think that it would be so soon. I found the new one had been built. It looks nice, but there is no comparison to the old place — the good old Camsell Hospital.

In closing I would like to say one thing: it was a real pleasure working with so many wonderful people. Maybe we will meet again some day, and say "Hi, how are you?"



Moccasins, Mukluks and Miracles

"I Have a Great Deal to Live For"

by Leo Sowan

Patient December 1945 to March 1949. Living at Valleyview, Alberta.

It was just after Christmas 1945, that I was transferred from the Edmonton General Hospital to Charles Cammell Hospital. I was one of the first two or three patients to be admitted. I remember Jeannie Coutoreille, who was the first patient admitted.

The hospital was operated by the Canadian Army and the doctors were Army doctors. They treated us extremely well and we received everything free of charge. As I remember, we were issued such things as writing paper, envelopes, toothpaste and tooth brushes as we required them. We were also given free cigarettes.

I had TB of the bone, which was centred in my left leg and spreading into other parts of my body. For quite some time I was not expected to live. My doctors were Dr. Bill and Dr. Margaret Barclay, Dr. Meltzer, Dr. Matas and Dr. Rostrup, who was the bone specialist from the University of Alberta Hospital.

The nurses I remember most were Miss Taylor, Mrs. LeClair, Mrs. Rita Lowing, Mrs. O'Sullivan and Mrs. Gardner. Mrs. Lowing was my "Special".

I remember Bob Gray, one of the orderlies, who was a very gentle man; and Mr. Davies, who was with Security. He had a great deal of hair, and we used to tease him and tell him he was like a bear. I also remember a ward aide name Gloria Jackson.

At Christmas, Santa Claus used to call at the hospital with gifts for everyone. One Christmas, I remember, the doctors and nurses had been asking me what I wanted for Christmas, so I told them, "A big black doll". On Christmas Day, Santa came as usual and gave gifts to everyone. I received several. Just as Santa was about to leave the doctors came in with a large package which they handed to him. He said, "Oh, one more for Leo" and brought it to me. I was quite tired by then, but everyone insisted that I

open that gift. There, to my wondering eyes, behold: my special doll! The nurses put it in bed beside me when I went to sleep.

In February 1947 a new drug was introduced and given to me in conjunction with Penicillin. The new drug was called Streptomycin and was referred to as the "Miracle Drug". I'm quite certain it was what saved my life.

My left leg was amputated on Friday, October 9, 1947. The operation was performed by Dr. Meltzer. Dr. Rostrup didn't operate on Fridays, and Dr. Meltzer felt that my condition was such that the surgery had to be done then.

Bob Gray and Mr. Davies used to take turns taking me to the University for therapy and fittings for an artificial leg. For Christmas 1947, I was given my first artificial leg. After I was able to walk with it, Mrs. Lowing sometimes took me to her parents' home on Sundays on a day pass. There I would have dinner, and be taken to church. Her father was Mr. Charlie Hill, Director of Child Welfare for Alberta.



Leo Sowan, Ward 10, 1947.

My discharge from the hospital came in March 1949. When I went home I found that I was lonesome for the wonderful people at Charles Camsell who had treated me so well and taken such good care of me. I almost wanted to go back. It seemed more "home" to me than my home in Canyon Creek. I had to return every few months for check-ups, until I was twenty-one years old. I can still picture, in my mind, the faces of many of the other nurses and attendants from that time, but unfortunately I can no longer remember their names. Still I will never stop being grateful to every one of them.

Thanks to the Good Lord, and the doctors and nurses at Charles Camsell Hospital I am now 55 years old and enjoying good health. I am married and the father of nine daughters, step-father to one son and three more daughters, and grandfather to seventeen lovely children. I have a great deal to live for and be thankful for.

Exercise Routines for Tuberculosis Patients

Note: During the early years of operation of the hospital bed rest was the primary treatment for tuberculosis. Activity for the patients was increased if the X-rays, taken at regular intervals, showed improvement in the disease. The following exercise routines were in effect in 1947 and were printed for the information of patients and staff.



Patients from Wards 9 and 10 enjoying the outdoors.

Tuberculosis patients are slotted into various classes of treatment. They are classified as follows:

Routine 1 — Complete bed rest.

Complete bed bath.

Mode of transportation, e.g., stretcher or wheelchair to be designated by ward doctor.

Routine 2 — Patients up once a day 11:00-11:15 a.m. (15 minutes only)

Not to get up to have bed made.

Routine twos may wash their hands and face only.

Complete bed rest.

Routine 3 — Patients up twice a day for 15 minutes in a.m. when beds are being made, and from 3:15-3:30 p.m. Routine threes may wash face, hands and arms.

Routine 4 — Patients up to bathroom when necessary. NOT up after 4:00 p.m. May bathe all but their legs and back.

Routine 5 — Allowed up on the ward except during rest periods.

May take a tub bath once a week.

May do own shampoos.

On wing wards down to meals at table.

May walk to X-ray, lab and dentists.

Routine 6 — Allowed up except during rest periods.

Tub baths (may do own shampoos).

Exercise off ward between 11:00 a.m. and 4:30 p.m. except during rest period:

1) to Canteen,

2) walking in park area in front of hospital ONLY.

Church — Routine four people go to church once a month.

Routine five and six people go to church every Sunday.

Visiting — Friday 3:30-4:40 p.m. is visiting time.

Routine six people only, may visit patients in the hospital, with written permission from the ward doctor.

All other patients may have visiting arranged by application.

NOTE: No patient is up before 8:00 a.m., regardless of routine.

From "The Camsell Arrow" — January, 1948.

Definitions of a Routine Check-up Charlie Charland Ward 10

Blood Test: "It doesn't look too promising, it seems there's very little blood in your P.A.S. stream".

Sputum Test: That's when they try to analyze your tobacco juice, which you save for 24 hours in a little bottle.

X-ray: That's when they test your poor lungs on the capacity of air they can hold and how long without changing color.

Gastric Wash: This all takes place before breakfast. They test you on how much tube you can consume without shedding tears. Try eating spaghetti, it helps.

Routines

Routine 1: Full bed rest, 24 hrs. daily. You get so stiff that when you bend your elbow your knee seems to squeak. Course you can get out of bed on the sly, but don't get caught at it, it might mean losing your pyjama bottoms, which would be very embarrassing in case visitors came.

Routine 2: That's when they tell you to walk around legally for 45 minutes daily. But avoid being caught walking around illegally for you might lose your walking ticket.

Routine 3: You get a considerable sum of bawling out for walking around when not supposed to BUT its easier to get away with it than Routine Ones.

Routine 4: That's when a patient gets restless. We don't blame them. "When will I be discharged??" (the suspense is getting the best of me.)

From "*The Camsell Arrow*" — February 1959.

"I Was One of the First Patients at Charles Camsell Hospital"

by Beatrice Calliou

I was born Beatrice Callihoo, a member of the Michel Band, Calahoo Reserve, about thirty miles northwest of Edmonton. My ancestors were Iroquois of the Caughnawaga Band, Province of Quebec, who came west with the fur traders in the late 1700's. My mother, Elizabeth Plante, married Solomon Emil Callihoo, son of Michel, Chief of the Calahoo Reserve.

During the summer of 1945 I was admitted to the TB Ward in the Edmonton General Hospital. Three nurses who were working there, Mrs. Margaret Gardner, Mrs. Rita Lowing and Mrs. Cecelia O'Sullivan, were to become part of my life for several years. This was my second admission for tuberculosis, the first being in 1938 when I was fifteen years old. I was there for two and one-half years.

We heard that the Government of Canada had purchased the Jesuit College from the American Army and were going to use it for a hospital for Treaty Indians who had tuberculosis. This was of interest to me as my mother's stepfather, Mr. John Norris, had donated the land for the college. Mr. Norris was a realtor and Bishop Legal, O.M.I. of the St. Albert Mission asked him if he had some land which they could purchase as they wished to have a college built for Catholic boys. Although Mr. Norris was not Catholic, he was friendly with the priests and gave them land close to his place, a little west of the main city. There was enough land on which to build

the college, as well as enough for grounds surrounding it.

When the Canadian Government announced its purchase of the building, both the Edmonton Journal and the Edmonton Bulletin carried the story. What a controversial subject it turned out to be! Some people said that the Indians would pitch their tents on the grounds around the hospital and try to live in the area. Others said they would be beating tom-toms and having pow-wows every night and, in general, making a nuisance of themselves. Still others claimed that the Indian Hospital would bring down property values. At that time, the area wasn't built up, although there were many acreages to the west and north. After the hospital opened, the acreages were surveyed into building lots and post-war construction took over.

While the controversy was raging, the College was being used as a military hospital for veterans of World War II. Dr. Harry Weinlos was the medical officer in charge.

In January 1946 the Indian patients from the TB Ward of the Edmonton General Hospital were transferred. The women were admitted to a room on Ward 8 and the men to a room on Ward 10. These wards were the farthest down the Burma Road, a name given by the veterans to the long hallway which connected the redwood buildings.

Mrs. Edith Taylor was the first nurse on staff, followed by Mrs. Gardner, Mrs. Lowing and Mrs. O'Sullivan, whom I have mentioned already. Miss Katherine MacKenzie came later, as did other nurses.

Soon patients from north, central and southern Alberta hospitals were being transferred to the Indian Hospital. The mobile patients were put into the upstairs rooms and later a second large room downstairs was opened on both wards. At first we were mostly Cree from central and northern Alberta. Later patients came from the Blackfoot, Sarcee and Blood reserves and some of the Stoney Indians from Morley. At first the Crees weren't too friendly but that soon passed and we made friends with each other.

Some of the first people to be admitted were Mary Jane Boucher from Fort Chipewyan; Vera Rabbit, Duffield; Harriet Buffalo, Hobbema; Florence White Quills and Alice Running Rabbit from Blackfoot Agency; and Jack Royal, Mr. Standing-in-the-Road and Mr. Shot-on-Both-Sides from the Blood Reserve near Cardston. Many of the names from the south were very colorful. Dr. Stone, [Regional Superintendent for Indian Health Services] said that they had to register their Indian names.

Nurse Margaret Gardner and I had a standing joke between us. She would ask, "Beatrice, when

are your parents going to put up their tent and stay awhile?" "Oh, they will be along one of these days and bring the whole tribe with them. Then you'll hear them singing and beating the tom-toms". It is too bad it never happened.

In the spring and early summer of 1946 the first Eskimo patients arrived. Doris Kikpak and her little cousin, Moses, from Coppermine, were admitted. They were upstairs in a private room on Ward 8. Doris spoke some English and she and Moses made friends easily. One day some of the staff took Doris and Moses downtown. Doris couldn't stop talking that night. "I saw big dogs pulling a wagon!" "Doris, those are called horses and they are pulling a milk wagon." "What's that?" So, Mary Jane and I explained about home milk deliveries, and about cows and milk, cream and butter. "We rode in a big long car with lots of people." "That is called a streetcar." "We went in these big stores, they sell everything!" "These are called department stores, Doris." "So many cars! They go so fast! So many people! All kinds of people! I was scared. I hung onto the nurse's hand real tight. I was glad to get back to the hospital." Poor kids; they were so excited and so exhausted. I'll bet Doris never got over her first visit to the big city. Doris recovered and went back to Coppermine in 1946; Moses died while in hospital.

I was also discharged in 1946 and went back home to the reserve. In the spring of 1947 I came back to the hospital and asked Dr. Matas if I could get a job. He took me into the main office and asked someone to find me a place. I was put to work in Ward 6 kitchen on the veterans' ward. I worked split-shift and sometimes, before starting my supper shift, I'd sit at the little piano in the hall and play some oldies, such as "Five Foot-two", "Georgia Brown" and "Twelfth-Street Rag". I *think* the vets enjoyed the entertainment. The vets were a nice bunch of boys, but they loved to tease — especially Alex Katz, Fred Aslin and Joe McCorkell. One day I couldn't take it any more. I turned to them and said, "If you don't stop teasing, I'll swear at you in Cree". Alex Katz said, "And I'll swear at you in Yiddish". That really broke me up.

One day while I was working on Ward 6 there was great hustling and cleaning going on. Doctors came around and examined every nook and cranny. Shortly afterward some dignitaries from Ottawa arrived and toured throughout the hospital. We learned that our important visitor was the Honourable Paul Martin, Minister of National Health and Welfare. Alex Crier, a native veteran, when introduced to Mr. Martin said, "I knew somebody pretty important was coming by the way they've been cleaning around this place the last few days".

While on staff, I played the piano for a couple of dances at the hospital with Robert Gray on the guitar and Fred St. Germain on the fiddle.

I worked on Ward 6 until I was re-admitted in the spring of 1949. This was my third admission as a TB patient. In 1949 I had three pulmonary operations and was finally discharged in September of 1950.

During my second stay at the Camsell, from summer of 1949 to September 1950, I met a few more patients on Ward 4: Lucy Thomas, a Slavey; some Dog Ribs; Beavers; and Margaret Kindo from Aklavik. After the Coqualeetza Indian Hospital at Sardis, B.C. burned, the patients who required surgery were transferred to the Camsell. Included were Silishan from the Vancouver area, Tlingit from Simpson, and two or three Haida from Old Masset, Queen Charlotte Islands. I became good friends with Vivian Davidson, a Haida from Old Masset. She had many interesting stories to tell, for their way of life as deep sea fishermen is far different from that of the prairie farmers.



Beatrice (Callihoo) Calliou and Vivian Davidson (sitting), a Haida Indian from Old Masset, Queen Charlotte Islands, Ward 4, 1950.

Before our operations the hospital staff used to shave our bodies, rub us down with alcohol and wrap us in long bandages. They did this to Lucy Thomas, who was a small woman. During the night we awoke

to hear her crying. Mary Jane and I got up and went over to Lucy to see what was wrong. By the time we got to her bed she was singing and laughing, but in a few minutes she was crying again. Mary Jane said, "I think Lucy's drunk from the alcohol." I said, "She can't be, it didn't bother us." Mary Jane went for the nurse and told her what was happening. The nurses came and moved Lucy's bed into the hallway.

I went home to the reserve and was married in October 1951. We lived in Spruce Grove and then moved into Edmonton in 1952. We raised three children. I maintained some ties with the hospital through a band of native musicians, for which I played the piano. We occasionally met at the hospital. Two band members, Lawrence and Pete Anderson, worked at the Camsell.

In February 1977 I phoned Father Rhéaume and asked if anyone could attend Mass at the hospital. He asked me my name and when I told him, he said, "Oh yes, Mrs. Calliou, I would be pleased if you could come and play the organ and sing the hymns in Cree". I still go to ten o'clock Mass every Sunday. When Miss Cogill moved away, I took over setting up the altar and taking patients to the chapel.

Anecdote

contributed by Beatrice Calliou

A little Eskimo girl, eight or nine years of age, was a patient on Ward 4. She was a deaf mute. Her greatest pleasure was to smoke cigarettes which she rolled herself. While she sat cross-legged on the floor enjoying her smoke, the women kept guard to ensure that none of the staff discovered her secret.

From Ward Four C

by Doris Kikpak

Hello everybody. We five are fine and happy in our private ward to which we were moved recently. The weather is hot these days. We five Eskimos do not like the hot weather. If this keeps on we will be:

Five little Eskimos

Sitting in the sun,

Melting, melting right away,

Melting one by one!

When you're feeling glum and blue,

Nothing here to anchor to —

Or to live for any more —

Till you reach the Heavenly shore —

There is God to glorify

And to live for till you die.

When life's storms beat on your head,

Till your hope is almost dead,

And you want to quit or die —
For no sunshine's in your sky.
There is God to live for yet,
Do not murmur, do not fret.

He's not dead, nor does He sleep,
But His purpose doth He keep —
That you glorify His name,
Daily guarding it from shame,
To His purpose then be true —
He has planned life's way for you —
and for me.

From "The Camsell Arrow" — June 1948.



L. to R.: Mrs. Doris Wood, Nursing Staff; Doris Kikpak, the first Eskimo patient to be admitted; CJCA staff member, 1946.



Ann Hakovgak, small patient from Coppermine, 1960.

It Just Isn't The Same Anymore

by Doreen Callihoo

Patient 1946-1956 and 1958-1959

On June 7, 1946 I was admitted to the Edmonton Military Hospital and was taken to the children's ward and assigned a bed. I remember the girl who brought me my gown; her name was Betty (Sager, Kirillo). She was a red-haired girl, very pretty, very nice. They told me that I wasn't going to be in the hospital very long, but I didn't mind as I had already spent a week in the General Hospital where they discovered that I had TB. I didn't even know what TB was but I didn't think it was anything that was going to take too long to cure, so I didn't worry. As it happened, I spent many years in the hospital. I was treated by pneumothorax (air injected into the pleural space to collapse and rest the lung). I remember going down to the operating room with a little boy named Rupert Bullbear. We would have our treatments and then go back to our rooms. This happened twice a week for several months.

I was moved to the main building where I shared quite a large room. Actually, it was the whole end of the building divided by partial partitions. The beds were in rows with the heads against the partitions. I was with children whose ages were from seven to fifteen years. I learned to speak Cree that summer. By this time I was receiving daily streptomycin injections, as well as the pneumothorax. We had to spend all our time in bed, or rather we were supposed to be spending all our time in bed, but we didn't. We were up running around while one of the other kids kept her eye out for the nurse. She would warn us when someone was coming and we would all dash into our beds and lay there calm and quiet, behaving like little angels. Little did we know that we were doing a lot of harm in slowing our healing process. But what are you going to do when you are a kid?

On August 26, 1946 the Military Hospital was renamed Charles Camsell Indian Hospital. Viscount Alexander of Tunis, Governor General of Canada (1946-1952) officially named and opened the hospital. I presented a bouquet to Lady Alexander and had my picture on the front page of the Edmonton Bulletin. I was quite proud of that. And then, life went on as usual.

I had many friends in the hospital. Some passed on which was very heartbreaking especially after getting to know them quite well. They would have a relapse, and would die. When I was ten or eleven, I began to think that maybe that was how I was going to leave the hospital; one day maybe I would be terribly sick and that would be the end of me. So, whatever I thought, I kept on with my medication and treatments.

But it wasn't all sad or boring, because we had quite a bit to do. The teachers came in and taught us our school work at our bedsides. I remember Mrs. Grantham and Mrs. Kerans. I had quite a time getting through school because of relapses during which I had to give up school work. But, I made out quite nicely.

The Christmases were really wonderful. The staff put up a tree in each room. This was after they took down the partial partitions and constructed rooms, which made it a lot better. Of course, then we were into more mischief than ever because now we were wandering from one room to another. One or two girls would watch to see if a nurse was coming. Then we would sneak into the other rooms to visit with our friends. As I said, Christmases were very nice. The Salvation Army brought us each a basket of fruit and candy and a gift. We received many gifts, really. Where they came from, I still have no idea, but probably groups of Ladies' Auxiliaries.

When I was about fourteen, I was moved to the women's ward. I had been caught smoking during rest periods. We weren't supposed to have cigarettes ever, but I guess I was quite a rebellious kid. I suppose I was moved to the women's ward in the hopes that I would get more rest, although I think I got more spoiled in there than on the children's ward. After six months, I was moved to Ward 4 to have surgery. I had some ribs removed and a pack inserted to permanently collapse my lung. Three months later I had a repeat of this operation. Of course, there I met up with my old friends, Helen and Margaret. We were up to our old tricks again, doing all the stupid things that we shouldn't have been doing. They went home before I did. I only heard from Helen a couple of times after that.

I guess we really did do a lot of stupid things while I was at the hospital. At one point I remember we used to hang out the windows and talk with the people who were down on the street, visitors and passers-by. We started talking to some fellows in the Army. It was during the Korean War and they were training and came over to the hospital to visit some people. I guess they thought we were quite pretty and interesting. We talked them into bringing us some beer which we pulled up to the window using some heavy string that we braided together into a small rope. We used this system to pull up our cigarettes, candy and pop, because half of the time we were in quarantine due to someone having measles or chickenpox. We never seemed to get caught doing this. Anyway, the fellows brought us a case and a half of beer which we pulled up through the window. Three of us drank it. Were we ever sick the next day and through the night and the next day! I think the nurse



Orthopedic patients; Ward 5, 1954. Mary Brown, Hobbema, Nellie Naloongeak, Spence Bay, Gertie Tom, Yukon, Margaret Kindo, Aklavik, Genevieve Cutter, Gleichen, Mary Kohgeeahlook, Gjoa Haven, Miss Fadum, Head Nurse, Mrs. P. Wood, R.N., Miss VanRhyn, aide, in background. (Credit: Provincial Archives of Alberta, Blyth Collection BL 215215).

just thought that we had the flu. Actually we were just sick from drinking this stupid beer.

Another time we all decided that we were going to go outside. It was late at night, and we zipped down the fire escape. Naturally we were all caught and brought back in. I still have no idea why we did it except just to get outside. We knew very well that we were going to be brought back. That was the one and only time that I tried that. It was the one and only time that I ever talked any fellows into bringing any kind of booze around either, until I got to be a little bit older. But that was later on.

When I was fifteen, I was discharged. I was only home for four months when I was readmitted to the hospital with a relapse. I remember that morning when I came in for X-rays. My Dad brought me to the hospital because I hadn't been feeling well. Dr. Matas looked at the X-rays and then came to see me while I was sitting in the waiting room. He told me that I had TB again. Well I just panicked. I felt like running or doing something. It was very heartbreaking. I thought, "Oh no, I'm not going to put in another eight years in this hospital", but what else could I do? I was back again in bed taking medication including PAS. YUK! Actually, it was good that I had only been out four months because I fell right back into the routine. When I started thinking how cold it was outside and how warm it was in the hospital, it didn't seem too bad. Also, I knew they had found newer things to treat TB. I went back to my same old

ways again, sneaking around and visiting my friends and breaking routine.

By this time I was a little older and now I had boy friends. I remember I had a boy friend down on one of the men's wards. A couple of times I got dressed in my street clothes and went down to visit him during visiting hours. The staff on the men's ward didn't know me so nobody seemed to notice. I had quite a laugh over that.

I used to play the guitar quite a bit while I was in the hospital, having picked it up from other people. Something else that I learned while there was how to paint. I started drawing pictures when I was about eight years old. By the time I left the hospital, when I was seventeen, I was really good at drawing and painting and after I went home this was what I would do with my time.

I didn't get to know too many people when I went in the second time. I more or less kept my old friends. Jane Bostrom was still there, and it was nice to see people I knew: Mrs. Eileen Hamilton, Mrs. Doris Wood, Mrs. Lila Brown, all the doctors and many nurses and other staff. Actually it was just like coming home, so I guess it wasn't all that bad and time didn't seem to drag anymore. I did a lot of school work, a lot of painting and a lot of reading. I was discharged again and went home, this time for two years.

One day while I was helping my sister-in-law clean up the house I started to feel sick. I thought it

was just indigestion from eating tomato soup, but by the next morning we knew very well that it wasn't tomato soup. I was spitting blood. Now I thought I was really finished. I phoned the hospital and talked to Miss Cogill. She told me to come into Emergency right away. I did and, of course, she saw what was happening. I was admitted again. I don't remember too much of the first few months that I was there. I was admitted on the 20th of January and it was about the end of March when I was moved to the surgical ward. I was told that I probably would have to have another operation. They weren't that sure about it but one thing that they were sure of was that I did not have TB anymore. Now I had to worry about what I did have. Why wasn't this lung working and what was going on? Why was I so sick? They found that I had bronchiectasis. The doctors kept promising me that next month I would have surgery. First I had to gain a few pounds, and then I had to wait because they were doing more research. I had to wait again but during that time I continued with my painting, writing letters and doing school work. I did a bit of writing and some illustrations for the "Camsell Arrow". I was quite excited about that.

Doing illustrations was pretty exciting. It was quite nice to see "illustrations by Doreen Callihoo" in the Arrow. We had quite a number of things to write. You may think that people who are in the hospital would put out a boring paper, but we didn't. It was pretty exciting. They had the odd joke in there too. I remember one joke that was in the Arrow, when I was about thirteen. One of the nurses was making my bed and she happened to open the drawer of my bedside table. It was a terrible mess. She said, "Oh Doreen, what would you do if you had a daughter who kept her house like this?" I remember saying "Oh, like mother, like daughter". And be dog-goned if they didn't put that in the Arrow! I was so embarrassed. But it called for a good laugh anyway.

While I was in the hospital, we had groups of people who would come in and sing, maybe once a week. We had fellows come in from CKUA on Saturday night. The next week there would be a group from CFCW who sang, played the guitar and entertained us. We also had movies once a week, as well as our Friday night or Sunday night movies in one room on the ward. Patients who weren't able to get up would be put into wheelchairs or even brought by stretcher into the room to watch the movie. The Camsell staff did an awful lot to make our lives more comfortable and entertaining. We were a lot happier when we didn't just sit and think about being sick.

I remember when I was in a private room and was supposed to have complete bed rest, one of the nurses, Mrs. Lila Brown, would bring the radio to

me on hockey nights so I could listen to the game. Right after the game was over she would have to take the radio back to the room from which she had borrowed it. No one ever knew that I was up late listening to the hockey game. Some of the other nurses, like Mrs. Laura Lissack, would bring me bits of material that I could use for my dolls. I had three dolls that I used to sew for. I gave away my last doll when I was fifteen, but I had some of the best dressed dolls in the world. I made their dresses, hats, and purses. They were very, very fashionable.

Library books were brought to us and we did puzzles. Some of the staff would even do our shopping for us. We would go through the catalogue and say, "Well, you know on your next shopping trip . . .?" Or they would offer, if they were going shopping later in the week, to shop for us. We would order a little pyjama outfit or a new dressing gown. We made money from occupational therapy, sewing pillow cases, doing embroidery work, bead work, crocheting and knitting, and we had a nice little income.

After I waited for my surgery for ten months, I finally had my lung taken out. I was really a spoiled brat, I tell you. After they took my lung out, I got very difficult because I was having quite a hard time. I don't know who the poor nurse was who was supposed to be specialising me, but I didn't know her, so I imagine I must have kicked up quite a fuss because I got my two favorite nurses as specials — Mrs. Lissack and Mrs. Dorothy Chester. They said that I seemed to improve a lot faster after they started looking after me. But those poor nurses, they must have been run ragged. Three months after they removed my lung I was discharged. I went to a rehabilitation home where I continued with my school, took art lessons at the University of Alberta, and finally I moved away and got married. My three boys were born at the Camsell. Since then I have only been back a couple of times as a patient. But it just isn't the same as it used to be. Sure, it's a nicer building and more modern but I still seem to miss the old crowd because, after all, they were my family.

To end my story I am going to thank each and every one of those people who were at that hospital who made my stay a lot better. I am sure that there are quite a few of the girls and guys who can say the same thing. So thanks a whole bunch, Camsell. Keep up the good work.

A Message from Mr. Catface

I am a member of the Blackfoot Reservation, Cluny, Alberta, and I am just taking my boy home from the Camsell Hospital. I want to express in print,

how much I appreciate the hospital. I want to thank the hospital and all the staff for the work they have done with my boy.

I took my boy willingly to the hospital and I am willingly taking him home. I am satisfied. I think I am a good example for my fellow tribesmen. I wish by my example to encourage others on the reservation to watch for sickness and take their family to the hospital willingly when it is necessary.

Tuberculosis is bad for the Reserve — not only for my boy — but for all people. I would suggest to the Council that they have a good “health check” on the Reserve to see if there is any case of sickness that needs attention.

My boy is happy and well now. I am satisfied. Thank you for giving me this chance to express my appreciation.

From “*The Camsell Arrow*” — January/February, 1956.

Joe Catface

We’ve Come A Long Way

by Kathleen A. J. Steinhauer-Anderson

From Saddle Lake, Alberta. Graduated in nursing from Archer Memorial Hospital, Lamont, Alberta in 1954. Employed at Camsell as an aide, summer of 1950; as an R.N. 1954 and in various other Indian Health Services facilities for several years. Now living in Edmonton.

In the autumn of 1947, not too long after the old Jesuit College became the Charles Camsell Indian Hospital, several students of native ancestry began a year of study at Alberta College. Some of us didn’t give it much thought at the time but we were pleased to be housed together, all girls, in one wing of the living quarters above the old administration building at the College. We quickly became good friends. There were three sisters from Saddle Lake Reserve, a girl from Goodfish Lake and two cousins from the Blood Reserve who had two chums working as live-in housemaids not too far from our residence.

The girls from the Blood Reserve knew of the Camsell Hospital and some of the patients there. They also knew Father Tony Duhaime, who had been at the Blood Reserve for several years. He was now in Edmonton teaching at St. John’s College.

On a lovely fall Sunday afternoon Fr. Duhaime took us, in his van, for our first visit to Camsell. We were soon introduced to TB sanatorium atmosphere — rules, rules, rules. And the Burma Road amazed us!

As well as the underlying distress brought about by long-term illness and the necessity for isolation from family, friends and everything familiar, we

found that most of the patients demonstrated that sense of despairing resignation so evident at a residential school. Some even said in effect, “except for being sick it is much like residential school”. Gaols seem to elicit somewhat the same response from native people familiar with such institutions.

There were several staff of Indian ancestry whom we got to know and we soon began to attend some of the hospital functions, such as Sunday afternoon movies and church services. The canteen was a real find but was never open long enough! There was no Native Friendship Centre in those days, of course, so for us, the Camsell became the nearest thing to it. We must have been an awful nuisance at times, because we often would stay around after visiting hours and visit with the other visitors and some of the staff. I don’t remember any waiting room. However the canteen was located adjacent to a wide area in the annex — as was Miss Taylor’s office! Did we ever become rambunctious? I don’t think so but we sometimes overstayed our welcome and the supervisors would gently shoo us away.

For a few of us, Camsell was a source of employment and, in the case of some, quite long term employment.

The changes and development in the care of TB patients seems to be comparable in many ways to the changes and developments in the lives of native people. We’ve come a long way!!

Song

Composed by — Edwin Lafleur, Ward 10B

I’m only an ill TB patient,
I lived in the North, far away,
But now they’ve got me in the city,
Till I’m cured I am going to stay.

I’m doing just fine at the present,
All my friends are feeling swell.
We sure have some wonderful doctors —
Nice nurses and aides, too, as well.

Some day we shall get our discharges,
When all of this treatment is done —
So till then, boys, be not discouraged —
Just keep up the jokes and the fun.

For soon we’ll be leaving the city,
And back to the good North we’ll stray
Home to our loved ones we’ll go, boys,
To stay there forever and aye.

And now I must thank all the doctors,
And most, Dr. Meltzer, ‘tis true,
And all the nurses and ward aides
For all the good work that they do.

Now this is the end of my story.
So, boys, take this lesson from me —
Just follow the routine you're given,
And soon you'll be cured of TB.
From "*The Camsell Arrow*" — June, 1948.

My Souvenirs Of The Charles Camsell Indian Hospital

by Harry Rusk

Harry Rusk is a full-blooded Indian who, as a young boy, spent four years in the Charles Camsell Hospital. After his recovery Harry pursued his interest in music and singing, and today "sings for Jesus" in churches, hospitals, gospel missions and for friends. He has appeared in a number of country music programs including Don Messer's Jubilee, Countrytime and the Grand Ole Opry, in Nashville.

My very last living relative, my mother, her long black hair blowing in the early morning March breeze as she held me close and, with warm tears dripping off her soft cheeks, kissed me goodbye and cried, "My dear son, I'll be waiting until you return to me, God willing". My only brother, Jack, had died in 1941 and my dad in 1944, both of TB.

The local priest picked me up and drove me three miles to the Royal Canadian Air Force airport where I boarded one of their planes and flew to Edmonton. After a few hours, Edmonton appeared below and when we landed a car picked me up and drove me through portions of the city. It was my very first time in any city; I felt alone and lost.

Within a few minutes, the car pulled up in front of a brick building which was going to be my home for the next four years. On the afternoon of March 2, 1949 I gazed at the wording over the archway of the main entrance of the building: "Charles Camsell Indian Hospital". I recall thinking, "the only way I will read these words again is if I recover from tuberculosis and walk out of this hospital. Either this, or, I will end up like most and leave out the back door in a pine box".

I was greeted by a friendly doctor by the name of Meltzer, along with a couple of nurses by the names of Cogill and Taylor. They all had smiles on their faces. I recall Meltzer's remark, "This one's got TB alright — and bad". Following a brief medical examination by the team, which included Doctors Zalesky, Bryk, Matas and Orford, I was wheeled in a wheel chair down a long corridor to Ward 8A. This would be my home for the next few years. I was immediately placed on routine 1, which meant strict bed rest without getting out of bed at any time. This was to last for the next thirty-three months! Several times there was no hope for my

recovery from this dreadful disease which killed my brother, dad and, later, my mother.

Ward 8A had twelve beds. These were occupied by various Indian boys of different tribes and backgrounds. Although I had read about other tribes of



Young boys, Ward 8, 1950. (Credit: National Film Board, Public Archives of Canada, PA-139319).

Indians, I had never met any others besides the Cree. Making new friends with the Eskimos, Sarcees, Bloods, Blackfoot, and others, was a brand new experience for me. It didn't take long before we were all quite well acquainted. Of course it helped that we all could speak English. There was no television in those days so we looked forward to the radio program, Gillette's Cavalcade of Sports, which broadcast boxing from New York every Friday night. We also enjoyed the NHL hockey broadcasts on Saturday night, plus Gaby Haas' Barn Dance show.

Every Christmas people such as Gaby, Stu Davis, members of the Red Cross, and other charitable organizations and choirs would come and sing for us. These visits always meant a great deal to me; I treasured their thoughtfulness and kindness and I used to repeat at bedtime: "God, please let me out of here, healed. I want to be like these good people and come back to sing for those who are shut in. Please God grant me this request."

On Christmas Day, dinner was served by the doctors. I was always grateful for their efforts and kindness. Doing these good deeds meant precious time away from their own families and homes, but they gave of themselves without asking for anything. Some of the doctors used to visit the wards during the

evening and play cards with us. This is how I learned to play cribbage! Some of the staff used to buy us magazines and, on occasion, ice cream. It was a wonderful gesture because they certainly didn't make much money then. The kindness extended to me was to play a major part in my life during the years to follow. It taught me to share and give, just as my mom and some of these good people showed me. The administration always did a splendid job in providing us with the best form of entertainment they could organize. One of the highlights was a movie shown right in the wards on a monthly basis.

TB had spread into both my lungs and I was in great pain for the next couple of years. I had lost all appetite and could not keep down any food. The staff tried their very best to help me. I recall at times I would get homesick for Mom and I worried about her, because my stepfather (a couple of years following dad's death, my mother married an Irishman, George Rusk, who trapped in our area) was an alcoholic and often beat my mother. I tried to hide my lonely feelings but whenever staff members spotted me crying, they'd take my hand and tell me that they cared for me. This was most comforting. From this I learned to care for others by reaching out to those in time of need. I'll always remember an orderly, John Pascal, who had been a patient in the hospital. He returned, soon after his discharge to work as an orderly. He would give me a bit of spending money. Whenever I tried to refuse he would say: "Harry, I want to share this little gift with you, so please take it and buy stamps so you can write to your mom". John knew that I wrote to Mom three times a week without fail. She could not read so she had others read for her and also write back to me.

The fine medical care and attention showered upon patients on a regular basis made the long days go by much quicker and made us feel "at home". Christmas time was always the loneliest period for me, and it was at these moments that verbal encouragement from the staff was most evident and the atmosphere was a lot brighter.

Some of the most pleasant, kind, and warm people worked at this hospital. Of the many, a good man and a friend of mine, Reverend Edouard Rhéaume stands out. His pleasant smile was always wonderful to see and he visited the wards several times a week. One of the first things I noted about him was that he never once asked me, "What religion are you?" He accepted people for what they were. He would tape our voices on a tape recorder and have messages played in areas where they would reach our families and homes. He was the first to tape my voice back in March 1951. I learned that he used whatever funds were allotted to him for these types of projects. He

donated his time and money without asking for any return. He was a man of God and a true Christian.

With only a grade three education, my future did not look very bright when June 1952 rolled around. But, something happened on the afternoon of a rainy Friday, June 13 in Ward 9C that was to turn the course of my life's path following my discharge. Hank Snow, the great country singer from Nova Scotia, had become very famous in 1950 with a song called "I'm Movin' On". At that time, he was riding the very top of all music charts and was extremely popular. Things did not come easy to Hank in the early years of his struggles. He lived in poverty, had a mean stepfather just as I did, and had a very rough life prior to 1950. I had taken a great interest in this man before his visit on that June day. He was a small man and when I saw him I thought, "Well, one doesn't have to be a big man, the best looking in the crowd (not that Hank was ugly); one doesn't have to be black, white, green or brown to make it in life; I'm going to get a guitar and follow him". And that's what I set out to do. My mom mailed me a used guitar and I got right after learning all I could by listening to Hank on the radio.

The morning of March 2nd, 1953 arrived and I was to be discharged. I had outgrown my clothing so the nurses brought me whatever I required, provided by the hospital. I slowly gathered my few belongings, which included a treasured scrapbook on boxing that had taken four years to put together, said good-bye to my buddies (some of whom had been with me in the ward for a couple of years) and slowly walked down the stairs of Ward 5C, down the long corridor to the Discharge Office at the front of the hospital. One major thing was most evident. This time I was not wheeled through these long corridors in a wheel chair or on a stretcher. I walked!

After signing out, I walked slowly toward the front entrance of this place that was home to me; where I had been treated like a human; where I was given the best of care. As I stood under the words "Charles Camsell Indian Hospital" for the first time in four years, many thoughts ran through my mind. I was so thankful to be alive and have my health back, but yet, with each step I took, pieces of my heart stayed behind. Only God knows the true and complete details of how I felt as I gazed at the buildings in their entirety.

I was taken to the Industrial Airport. A mixture of rain, wet snow and sleet blew upon my face and mixed with tears that streamed down my cheeks as I boarded a Canadian Pacific Airlines DC-3.

I should have been happy but I wasn't! Blinded by tears, I tried my utmost to look back as Edmonton slowly disappeared into the clouds and we headed

north to Fort Nelson where my dear mom waited for my return. After being away four years, I didn't know or recognize anyone at the Nelson airport. I asked a man to give me a ride the three miles to where Mom lived, across the Nelson River. I walked the last hundred yards to the old log house, knocked on the door, and hearing Mom's voice, I walked in.

For a few moments she mistook me for a neighbor looking for something to eat! During my absence, I had grown about two feet in height and had gained weight, from eighty-five pounds to about one hundred and fifty. I noticed at once that she was badly crippled and used a cane.

"Mom, it's me, your son, I've come back to you", I said. Her face immediately lit up and with tears streaming down her face, she threw down the cane and flew into my arms. I could feel her heart beat against my chest as she held me tightly and sobbed, "God let me live to see you come home, son."

She died the following November. As I stood alone at her grave, some of the most treasured memories of my past drifted within my thoughts and brought whatever consolation there was. My days at Camsell had taught me that "when you're doing goodness unto others, your burdens seem much lighter".



Lawrence Anderson, staff orderly, and Harry Rusk entertaining at patients' picnic, 1952.

During the next several years, I worked on my music. I bought an old gramophone, all of Hank

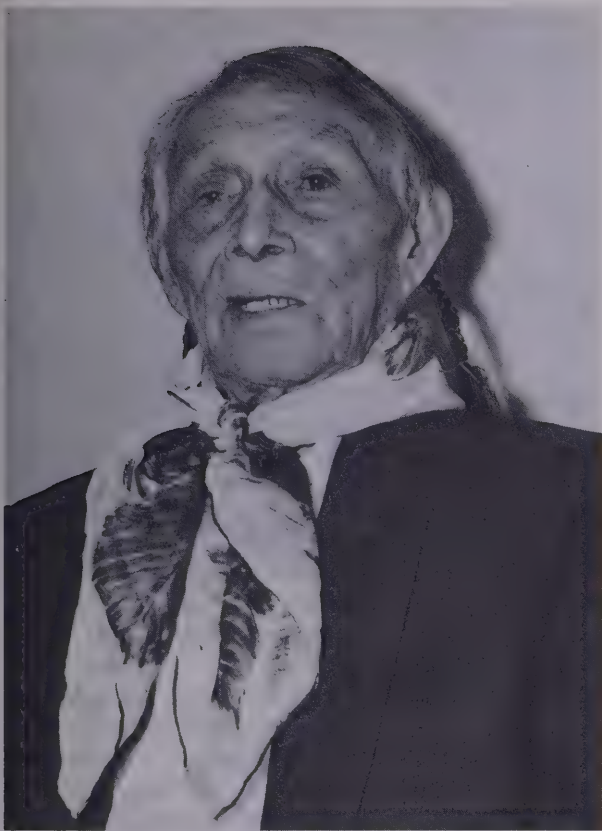
Snow's records, and I would sit down, tune my guitar to his, and spend hours learning to pick the very way he did, learning every song he put out and listening very closely to his pronunciation of words. I think that I improved my English language by utilizing this practice and I give Hank credit for this. My goal was not to become famous, but just to satisfy my ambition to play and sing like him. At first some people criticized me for trying to be another Hank Snow and said I would never get anywhere. But, I always admired the way Hank handled himself and his conduct was of the top degree. He was the only human that I ever idolized and held in awe.

One thing led to another, and finally on June 13, 1972, twenty years to the day I had first seen Hank, he phoned to ask me to come to Nashville where he had booked me on the Grand Ole Opry and the Ernest Tubb Mid-night Jamboree. This was a chance that many search for and never accomplish. The struggles, discouragements, discrimination and hardships I had gone through since 1952 vanished as I made my debut on this famous stage. I rubbed shoulders with the likes of Marty Robbins, Dolly Parton, John Cash, the Carter Family, Loretta Lynn and others. I stood and sang in the very spot where greats in the history of the music business, such as Hank Williams and Jim Reeves, stood. I was a guest at Min and Hank's home in Madison, a suburb of Nashville. I have some treasured recordings that I cut in Hank's studio, with Hank doing his remarkable guitar work, along with his Rainbow Ranch Boys. I will never forget that June night of 1972.

I have returned to Nashville several times since, the last time being in 1983. However, the first time was the greatest thrill for me, as over four thousand people rose to their feet and asked for more following my very first song, "My Rose of Mexico". But despite all of this I felt alone and there was an emptiness inside of me that I couldn't explain. Fame and fortune were within my grasp, but I knew deep inside of me that this was not what I wanted. My heart cried for a filling of an emptiness that tied into the strings of my soul. This empty feeling was finally filled in the summer of 1975 when I asked Jesus to come into my heart and soul and save me. I finally found the answer in the Saviour and He has never let me down since.

Old Bearhead contributed by Dr. Otto Schaefer

Old Bearhead was a remarkable patient from Duffield who died in the early 1960's of carcinoma of the esophagus, a cancer that often used to be found in Indians.



Mr. George Bearhead, ca. 1955.

We were told that he acquired his name "Bearhead" as a young adult when he was surprised in the bush by a mighty bear. When the bear bore down on him with wide gaping jaws, our Indian, in desperation thrust his fist into the pharynx of the bear and would not let go, even when the bear closed its jaws and tore into his lower arm muscles. Mr. Bearhead's crippled arm, with practically no muscles left from the elbow down, bore witness to his deed. But, as he related with a big grin, "I choked him to death!"

Ward News

Ward 103 — Mary Cecile Metchawais

It is really interesting being a patient in this ward. To tell the truth, I really have enjoyed my stay here, although I was a bit anxious to go home at the end. Getting penicillin regularly as I've had to, wasn't very pleasant, I must say. We were always anxious to see visitors when visiting hours rolled around. And then when visiting hours were over there was always television to watch. It was a great surprise to me to find a T.V. in a hospital. I just couldn't believe it until I saw it. Other things patients can do to pass time is study! Yes, can you beat that? And the government

actually supplies the books, pencils and all school supplies needed. I think we are indeed very fortunate to be able to get all these pleasant privileges. Now, I feel rather sorry, having to leave here but it's also a relief to be going home, as I will be doing tomorrow. The nurses are very nice and are real mothers to their patients. I hope the whole staff keeps up the good work of educating their Indian patients. So here's wishing the rest of the patients a very speedy recovery. Bye & Good Luck!

From "The Camsell Arrow" — January, February 1958.

Anecdotes

by Ruth Fadum

Employed June 1949-October 1976.

General duty, 2 months Wards 3 and 4; assistant head nurse Ward 3, 2 years; head nurse Wards 5 and 6 and later Ward 5, Station 42 and Station 71. Retired 1976. Living in Camrose.

Louis Ekok was sent down from the north with burns to eighty percent of his body. After numerous skin grafts, he was sent home in good condition. He was to return to the University Hospital at a later date to have more reconstructive surgery. A special contraption had to be made to keep his glasses on as both ears had been burned off. A nurse from the Private Duty Registry, Mrs. Ethel Wood, specialised Louis for over one hundred consecutive night shifts.

A young man from Hobbema was admitted after being blasted by a shotgun. He had so many fractures he couldn't be moved to the operating room. Dr. Gray applied traction and Dr. Hitchin did a skin graft on him in a private room on Ward 5.

An American pilot, who had crashed in the north and who had been in the snow for twenty-seven hours, came to us with both feet and both hands black from frostbite. These limbs were amputated by Dr. Singh before the pilot went back to the United States. He was on Station 42 in the new hospital.

Nora Young, who was in body cast, bivalved her own cast with a razor blade over a three month period.

We Ride a Horse

by Doris Hester

For a goodbye treat before he left to return home to the Arctic, I received permission to take one of our Eskimo lads, about twelve years old, to the Storyland Valley Zoo for an afternoon of riding the train, enjoying the animals, the ducks and the geese, hotdogs,

pop and popcorn. It was a beautiful late-summer afternoon. We had the train pretty much to ourselves and rode as many times as we wanted.

At the railroad crossing, there was a concrete horse standing in the grass alongside the track. As soon as we left the train our lad hurried over to the horse. He walked around it several times examining it from head to tail, stroking and admiring the mane and tail, examining its hooves. I realized then that to an Eskimo accustomed to dogs and sleds and snowmobiles, a horse of any sort, even a concrete one, was exciting.

He asked, "Can I ride it?" I replied that I thought it would be alright, after all, a concrete horse should be durable. But the horse was painted, quite a handsome chestnut, and it was very slick and there was nothing to grab onto. He worked and worked, but I was hesitant to offer any help, fearing it might hurt his masculine pride. It was his challenge and he was giving it all his energy and concentration, but his short Eskimo legs were little help. When I saw he was becoming discouraged, I asked him if he would like some help from me. He assented and with a leg-up and determination to get a hold on that slick horse, he finally made it. At last, he was seated on a horse. He was a scout! He shaded his eyes with his hand and scanned the country far and wide. He was master of all he surveyed. I told him how to indicate to his horse without a bridle that he wanted him to turn right, to turn left. He dug his knees firmly against his horse's sides, leaned over his neck and grabbed at his mane, and they ran with the wind. Then, it was four o'clock and time to dismount, get into the car and back to the hospital in time for supper. We had a wonderful afternoon. He rode a horse!

James Tegeapak Leaves Hospital

On October 17, 1963, the patients and staff of Wards 9 and 10 gathered in the recreation hall to say farewell to James Tegeapak, an Eskimo patient, who had been in the Charles Camsell Hospital for over eleven years. Along with the regular staff members, some of the former charge nurses of Wards 9 and 10 dropped in to say "Goodbye" to James. Some of these were Miss M. O'Brien, Mrs. Gilchrist and Mrs. Karlson.

Having parties for patients being discharged is not a regular occurrence at the Charles Camsell Hospital. It is only for patients who should have the misfortune of having to remain in the hospital for a period of longer than ten years.

James arrived in hospital in 1952 from Cambridge Bay. He is the longest term patient ever to be at the Camsell, staying here for over eleven years.



Mrs. B. Miles, R.N., dancing with Mr. Tegeapak. Mrs. M. Gregg, Evening Supervisor in background.

During all this time he has been a model patient. The fact that his behavior and co-operation with the staff was excellent made him an inspiration for many of the shorter term TB patients.

The idea of a farewell for James originated from the Indian and Eskimo patients on his ward. These patients felt there should be some way in which they could express their feelings towards their fellow patient.

Isadore Thomas, an Indian patient, made the presentation speech first in English and then in three or four Indian dialects for the benefit of some of the older patients who have difficulty with English.



Mr. Tegeapak's Farewell Party, after spending 11 years in hospital, 1963. L. to R.: Mrs. J. McKinnon, R.N., Mr. J. Dunne, Head Nurse, Dr. A. Greenidge, Mr. J. Tegeapak, Dr. N. Zalesky, Dr. G. Gray.

The patients and staff gathered a fund from which they bought James a battery-operated razor, and a carton of cigarettes. A card proclaiming "May God Bless You On Your Journey Home" signed by all patients and staff, was also presented to him.

On the conclusion of the presentation, a short period of entertainment followed, with James being the centre of attraction. Some of the patients and staff tuned up violins, guitars and vocal chords and a good time was had by all.

A lunch made and served by staff of Wards 9 and 10 concluded the party.
From "*The Camsell Arrow*" — Christmas 1963.

The Birth of a Work of Art by Kay Dier

At one time there was, on the wards at the Camsell Hospital, a very unhappy young man by the name of John Allokpiik. He was a long way from his Arctic home. He hated the strict bed rest and the funny foreign food given to him. He rebelled openly which was of great concern to the staff as his condition was serious: he needed treatment.

One day, while visiting him on ward rounds, I met Mrs. Campbell, the dietitian, who was trying to determine what they might serve that he would eat. We walked away together and discussed what could be done. The idea evolved, that since he was very artistic, we could "commission" him to do a painting for the staff dining room. It would certainly brighten up the decor but more importantly give John a sense of purpose. When we presented the idea to him he was not enthusiastic but he did not say no. On pressing him for information he gave us some directions as to what he would need. Consequently Mr. Cramer, the painter, was persuaded to paint a large piece of masonite flat white. Then Dr. Matas was inveigled into donating some money from petty cash to buy oil paints.

John was actually pretty impressed with the equipment and began to slowly work on the project with Mrs. Campbell and I eagerly admiring every brush stroke. Soon news got around that John was producing a masterpiece and he took on the air of a celebrity, but he was also eating better. It seemed every time I came he ordered more paints which puzzled me as he only appeared to be using blue and white with a few daubs of brown. I wondered why he would need all the exotic colors but, not being an artist, I didn't question and continued to scrounge. Finally the masterpiece was finished and it really was very lovely — a stark Arctic scene of a family around their igloo with just a touch of color in the winter sky.

We were then faced with another dilemma. Such



John Allokpiik and one of his paintings. This painting hangs in the cafeteria of the hospital.

a work of art must have a frame. For a picture that size, the price would be exorbitant. So we went back to our friends in the carpentry shop and they agreed to make one. Harold Pfeiffer, the sculptor, took over and supervised the production of a white frame with a little blue-grey stippling. It suited the painting perfectly.

John was brought to the staff dining room in a wheel chair for the official hanging of the picture. That was in 1956. It hung there until the new hospital was opened when it was moved to the new dining room. Subsequently it has been reproduced in Roloff Beny's "*To Everything There is a Season*" (Longman Canada Ltd., 1975) and has brought pleasure to many. As for John, he continued to paint but his talent did not bring him peace. Shortly after he returned home he took his life. But he has left his mark in time. Those who see his painting will momentarily be transported to the now lost world of John Allokpiik.

The Sparkle of Edith . . . by Don Harvey of The Journal

Edith giggled as she sat in the chair at the foot of her bed in the Charles Camsell Hospital.

"I came from Old Crow through Vancouver," she said.

This was Edith Josie, author and periodic columnist in *The Journal* with her "Here are the News" from Old Crow, northernmost settlement in the Yukon.

She landed at the International Airport Friday when she arrived at Edmonton for a check-up at the Camsell.

"I've been to Whitehorse three or four times. But I've never been to Edmonton or in hospital before."

She said she liked the view from her fifth-floor room in the hospital.

"I've never seen so many lights. I saw the lights at Whitehorse, but we don't have the lights up yet at Old Crow."

Although her present surroundings are strange, she doesn't seem lonely.

"This is a beautiful hospital. Everyone is good to me. I get lots of people coming to see me."

In fact, when people aren't visiting her, she's visiting them in the hospital.

"Now Edith, when you leave the floor, please tell us," a nurse was overheard telling her.

Edith likes to talk about her family and Old Crow. She's fluent in both English and the dialect of the Loucheux Indians.

"We have maybe three or four inches of snow at Old Crow. It was very mild there when I left last Friday; maybe 30 degrees.

"My two sons asked me to buy them every toy in Edmonton. One is seven and the other is nine. I told them I didn't have the money to buy all those toys.

"I have a daughter studying to be a teacher at the vocational school in Whitehorse. She will come to Old Crow next fall and start up a kindergarten. She will make maybe \$400 a month. That's pretty good."

Edith doesn't know how long she will be in hospital. But she wants to go home before Christmas.



Edith (Jonson) Gonzalez, R.N. and Edith Josie, 1969.

"We should get our Christmas tree next week. If the doctor says there is nothing wrong with me, maybe I will go back to Old Crow in two or three days. The plane from Whitehorse goes on Friday and

Monday. I want to get away from here by Dec. 22 at the latest, or I won't be home for Christmas."

But before she returns to the Yukon, there are two things she wants to do.

"I want to go to The Journal and see those guys who put my news from Old Crow in the paper. Then I want to go and look in the stores."

From "The Edmonton Journal" — December 1969.

Mr. Turned-Up-Nose

by Barbara Miles

Employed November 1, 1962. Retired February 1, 1976.

General duty nurse Wards 9 and 10; Stations 71 and 72 in the new hospital and Station 41 when auxiliary care patients transferred from Station 71. Streptomycin nurse for one year in early 1960's. Living in Edmonton.



Mrs. Eunice Atkinson, R.N. and Mr. Turned-up-nose, patient on Wards 9 and 10, 1964.

One Sunny Day In May,
A fine old Indian man
With plaited hair
and stately grace,
From Gleichen
he came,
Mr. Turned-up-nose
his name.

To The Nurses
 and doctors
 he had come,
 The best medicine men,
 he knew,
 So to the Charles Camsell
 he came.
 To Find
 healing
 for his poor
 gangrenous heels.
 In Consultation
 his doctors
 decided
 to do
 an amputation.
 Mr. Turned-up-nose
 said
 “No”,
 He needed
 his feet
 To walk
 through
 the Golden Gates.
 So, The Doctors Sat Down
 and their orders
 did write
 Domboro Compresses, Q.I.D.
 The nurses then
 carried on
 Each day with prayer
 And plenty of T.L.C.
 The Compresses
 were done each day
 with care.
 Months and weeks
 passed by.
 Miracle of miracles
 His heels
 began to heal.
 He Would Sit,
 in his wheelchair,
 And echo, his daily plea,
 “Me, go Gleichen to-day,
 me, go Gleichen please.”
 One Sunny Morning,
 sitting in his wheelchair
 by the desk,
 He placed a shawl
 upon his head,
 With a twinkle
 in his eye, he said,
 “They can’t refuse

 an old woman,
 you’ll see.”
 As Days Passed By,
 his heels
 they did heal.
 And
 his doctors, wrote
 in his chart,
 for all to see,
 Mr. Turned-up-nose,
 you may go home
 to Gleichen, today.
 I Never Saw That
 delightful old Indian again
 Until, one night —
 while watching T.V.
 Mr. Turned-up-nose
 I did see.
 Frolicking in the
 Red Deer Rodeo Show.
 Many Years Have Gone By,
 I’m sure he has gone.
 Stately and tall
 he would walk
 Through the Golden Gates
 with both moccasins on.
 No More
 would he say,
 “Me, go Gleichen to-day,
 Me, go Gleichen, please.”

Camsell

Composed by an Indian of the North — Mrs. C. Gambler, Desmarais, Alberta

Oh Camsell Hospital you are now to retire
 How we hate to see you go
 For many years you sheltered us
 When we were sick.
 When the blistering wind blew from the North
 And the snowflakes were falling
 You stood up erect without murmuring
 The rain and thunderstorms did not stir you a bit.
 Your only desire was to protect
 The ones who lived under your roof
 For under the roof were some fighting for life
 Others were fighting the wicked germ called TB.
 Doctors, dressed in white, had saved
 Many, young and old from dying.
 They used their skills on surgery
 They administered drugs to save the lives of our
 dear ones.
 You sheltered them so they
 Could remove the painful tooth

You sheltered them so they
 Could treat our sore eyes and save our sight.
 You sheltered the good nurses and ward aides.
 So they could nurse the sick back to health again.
 You sheltered the cooks so the sick
 Could have good meals.

You sheltered the orderlies and janitors
 So all would be clean and comfortable
 As the sick lay in their beds.

Oh, Camsell Hospital you waved your flag
 When patients walked out feeling good and new
 As doctors smiled and cheered
 You waved your flag to share their victory.
 When we were told in 1964, that you would not be
 replaced
 We backed you. We fought for you.
 For we did not want to lose our good doctors and
 nurses
 We still wanted a new construction to
 Carry on the good name of the "Camsell
 Hospital".

So now you are to retire
 With the new building waiting to replace you.
 With our hearts and spirits
 We thank you for all your good services
 Oh good Camsell Hospital.
 From "*The Camsell Arrow*" — Spring, 1967.

Who Will Ever Forget Christmas?

by F. Elva Taylor

Christmas is a time of joy and happiness, a time of giving and loving, shared with family and friends. Dr. Meltzer realized all too well that this was often just the opposite for the patients who had to spend months, or years, in hospital. He was determined that Christmas at the Charles Camsell Hospital would come to be remembered as a very special occasion, where everyone associated with the hospital did all they could to make it a happy time.

In mid-December Mr. Ford, the gardener, and his men took the truck, axes and saws to the reserve at Winterburn where they chose evergreens that would be the right size for Christmas trees for the wards. These were placed in the large recreation hall, which took on the aroma of a forest. Max Conaty and his men fitted the trees into wooden stands that had been made in the carpenter shop. Then followed delivery to the wards where the staff took great pleasure in decorating a tree for each room. In later years when patients were well enough to help, they also took part in the tree decorating. The teachers and the ward staff transformed the patients' rooms with free-hand paintings of Christmas scenes on windows and large posters. Commercial decorations were added and the hospital took on a festive air.

Many service clubs, church organizations and youth groups brought gifts which members dis-



Christmas Eve, Ward 5A, 1954. From Left, Back Row: Dr. M. Matas, Mrs. M. Grantham. Middle Row: Dr. G. Gray, Mr. I. Ellis, Miss K. Dier, Dr. W. L. Falconer, Miss M. Harriot, Miss E. Taylor, Miss E. Roulston, Dr. S. Modi, Mr. J. Thompson, Mrs. H. Gerow, Dr. L. Kovacs, Mrs. M. Gardner, Mr. M. Conaty. Front Row: Santa (Harold Wright), (unknown), Dr. J. Newton, Miss M. Cogill, Mrs. Santa (Mrs. A. Heavener). Children: Georgina Grandjambe, Theresa Konajak, Dolly Plaineagle, Nellie Raymond, Ruth Tetso, Shirley Geddes, Cecile Hitchinelle, Elsie McDonald, Millie Chicksi. (Credit: Provincial Archives of Alberta, Alfred Blyth Collection BL 22112).

tributed personally to the patients or assisted Santa in giving out the parcels. It was a joy to watch the reaction of the little boys when they found a toy gun inside the wrappings. The girls displayed the same pleasure over a doll. The visitors enjoyed being with the children and showing them how to play games or assemble something that was new to them.

Adult and youth choirs came to sing Christmas carols. It was delightful to hear the singing increasing and decreasing in volume as the carollers walked along the corridor going from ward to ward.

The response of the public to Dr. Meltzer's request for Christmas activities for patients was so great that events had to be scheduled to avoid overlapping. Every year on the afternoon of Christmas Eve, the Heavener Dance Studio put on a program which was attended by as many as possible. The patients enjoyed watching the children and were fascinated by their costumes, although they found some of the dances quite different from those they were accustomed to at home.

Christmas Eve was the gala evening. Thanks to service clubs, Indian bands and private donations, money was available to buy a present for each patient. The gifts were wrapped, tagged and placed under the tree in each room. At seven o'clock Santa (Harold Wright) and Mrs. Santa (Mrs. A. Heavener) followed by doctors, nurses, aides, orderlies, teachers, laboratory and X-ray staff, and many other members of the hospital staff, all in civilian dress, visited each patient and gave out the parcels. It was always an exciting and emotional evening. For many of the patients it was a new experience, and for some it brought feelings of loneliness. For the staff it was a pleasure and a sincere desire to bring happiness and cheer to those for whom they cared each day.

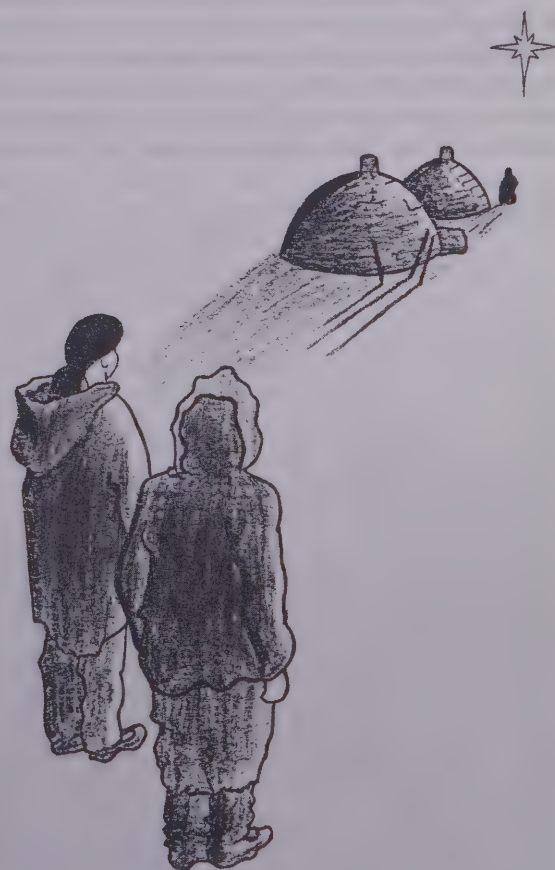


Santa (Harold Wright) and Mrs. Santa (Mrs. Heavener), dancing to the beat of an Eskimo drum, Christmas, 1959.

It was our great pleasure that Harold Wright and Mrs. Heavener were Santa and Mrs. Santa every Christmas from 1946 to 1970. Harold was the Recreation Officer for Veterans Affairs and had a special aptitude for entertaining. Mrs. Heavener was associated with the Heavener Dance Studio, and she and Harold always did a short, lively dance for the patients.

Christmas Day began with early morning church services in both chapels. For many years Father Rheame, Archdeacon Clough and Reverend J. Woodsworth were the hospital chaplains and they ensured that the services were special. Flowers decorated the altars, each chapel had a tree and organists provided music. Such was the setting for the delivery of their Christmas messages.

All patients who received their doctor's permission attended. Many sang the hymns and gave the responses in their own languages. They were pleased to see one another and to share the fellowship of Christmas morning.



Christmas dinner menu, 1967. Designed by Myles Auger.

There was a brief time for visiting before everyone returned to the ward for morning rest period.

Commencing at eleven o'clock on Christmas Day, the Medical Director, the Director of Nursing and the doctor for each ward toured the hospital to shake hands with every patient and to wish each one a happy Christmas. Some of the older patients especially enjoyed this ritual and would express their thanks to the Medical Director in a very formal and dignified manner. By this time the delicious dinner of turkey with all the trimmings was being served. The staff on duty was assisted by those staff members who were off duty and able to help, and sometimes by relatives or friends who wished to join in the merriment. One year Alice Scott, head nurse on Wards 3 and 4, had her sister as a helper. Miss Scott took her sister to meet each patient prior to the serving of dinner. The two ladies bore little resemblance to one another and when Miss Scott introduced her sister to an older Indian lady from the North, the patient looked first at Miss Scott, then her sister and asked, "The same mother?"

The staff was not forgotten and in the early years there was a lovely dinner at noon for those who were on duty. The serving was done by the doctors, nurses and department heads who would be dining later. The evening dinner was served by candlelight and was a most enjoyable occasion. The dietitians did much of the planning and Mr. Latham, the chef, Mr. Kirillo,

his assistant and pastry chef, and their staff did a magnificent job of preparing the delightful meals. Mr. Latham's day began at 4:00 a.m. and did not end before 7:00 p.m.

In 1964 the Patients' Health Committee, with the help of a few members of the staff, planned a Christmas party and dance which was held between Christmas and New Year's. Written invitations were sent to the Medical Superintendent, the Director of Nursing and a few other members of staff. The patients provided some of the music, but Mr. Duplessis and the Anderson Brothers were the musicians for the evening. Mr. Ben Kills on Top, a patient, was an excellent master of ceremonies.



Patients' Christmas Party in the old Rec Hall, 1963. Lawrence Anderson playing the violin.



Christmas dinner menu, 1962. Designed by Pierre Martel.

There was a variety of dancing including tribal dances such as the Owl Dance and the Chicken Dance. Some of the Eskimos did the Drum Dance drumming on drums which they had brought from home. Square dancing was popular with everyone and Lawrence Anderson's rendition of the Red River Jig brought loud applause. The party was so successful that it became an annual affair.

Another feature that was added to the Christmas activities was an evening tour to see some of the Christmas lights and decorations in Edmonton. The Callow Coach, provided by the South Edmonton Lion's Club for the handicapped and shut-ins, always took some of the patients and, when necessary, a city bus was chartered for others who were able to participate.

An accurate record of the many groups or individuals who remembered the patients at Christmas 1947 was listed in the January 1948 issue of "The Camsell Arrow":

I.O.D.E.
Gyrettes



Mrs. Norrie Fraser, Kinette Club, Mary (Indian child), Santa (Mr. A. Campbell, Campbell Furniture) and Mike (Eskimo boy), December 19, 1958.

Lion's Club
 C.W.L. (Seniors)
 Knights of Columbus
 Canadian Daughters
 St. Andrew's School
 20th Co. Edmonton Girl Guides
 Erskine United Church
 Ladies of the Loyal Order of the Moose
 Rene Flower Shop
 Nut House
 Edmonton Municipal I.O.D.E.
 Edmonton Civic Employees
 Elks
 Kinsmen Club
 Kiwanis Club
 Red Cross
 Air Force Mothers
 Kinette Club
 Rotary Club
 Y's Men
 Legion
 Order of the Eastern Star
 Ukrainian Benevolent Society
 Daughters of the Midnight Sun
 Avonmore United Church
 Wainwright Ladies' Auxiliary
 Hudson's Bay Choir
 Junior Red Cross, McKay Avenue School, Grade IV
 Women's Institute, Hobbema
 Fort Edmonton Chapter, I.O.D.E.
 Veterans' Hospital Recreation Council (Mrs. Arnold
 Tayler and Mr. Harold Wright)
 Salvation Army
 Navy Band Concert
 Ex-Wren's Association
 Reverend Schragg

Many other clubs, groups, school children, and individuals were active participants at the Christmas

season in subsequent years. We always were very grateful for their interest and generosity.

Everyone will have special memories of the Christmases that they spent at Camsell, many of which will be different from mine.

Patient Entertainment and Outings

by Margaret E. Cogill

Employed 1946-1974. General duty, head nurse. Assistant Director of Nursing (1948-1974). Living in Edmonton.

Patients looked forward to walks in the local area, street car and automobile rides, sightseeing and shopping tours. The staff enjoyed these outings as much as the patients did as they watched their reaction to all the unfamiliar sights.

On one occasion Miss Isabelle Middleton, R.N. took Mukta, a young Eskimo lad, to the ski jump. After watching the jumping for a while, he said, "They sure work hard making trouble for themselves".

A little Eskimo girl who was taken downtown to Eaton's was fascinated by the three-way mirror in the dress department. She was also fascinated by the mannequins and, after gazing for some time at one, she finally got up enough courage to touch a hand and was shocked to find it wasn't alive. We often wondered what thoughts went through their minds when they could not communicate with us.

Miss Esther Wickencamp, laboratory technologist, and Bob Tomlinson, orderly, took some Eskimo men to a football game. One of the men who spoke English was a little skeptical about Miss Wickencamp's ability to drive and before he got into her Austin asked her how long she had been driving. On the way to Clarke Stadium he was overwhelmed by the traffic and the flashing neon lights. He assured them that it was easier to drive a dog team. He saw a building with all the lights on and asked what it was. When told it was a bank, he wanted to know where the money was and where the policemen were. Before the game started the lights were turned off, a floodlight was centered on the flag and a gun was fired. The patients jumped each time the gun sounded signalling the end of the quarter. When the game was over and they were returning to the hospital one said, "Don't hurry, I want to watch all the cars and people. I didn't think there were so many people in the whole world!"

Patients were taken to such places as the old Borden Park Zoo, the Edmonton Journal building, the University Farm, McGavin's Bakery, where they were given boxes of cookies, and the Canada Dry plant, where they were treated to ginger ale.

Miss Hilda Kamrath, teacher on the children's wards, escorted groups of children to programs like "Children's Theatre" and "The Symphony Concert for Children". The children were also taken to the Jubilee Auditorium to see "The Wizard of Oz". A number of boys attended the "Golden Gloves" boxing tournament. Children were spectators at the Gene Autry Show.

In 1960 the Callow Coach, supplied by the South Side Edmonton Lions Club, became available and Miss Helen Ferris, dispatcher, gave our patients as many bookings as possible. Longer trips could be made and wheelchair patients could be included in outings. Such places as Al Oeming's Game Farm and Storyland Valley Zoo were visited. Picnics at Lake Eden and Elk Island Park, and attendance at the Canadian Air Force Jamboree at Cooking Lake were greatly enjoyed. Large numbers of patients were taken to the Shrine Circus each year, as well as to football games, rodeos and the Ice Capades. The hospital received complimentary tickets for the patients to attend these functions.

L. B. Productions provided a bus and tickets for thirty-two patients and escorts to attend the "Town and Country Jamboree" at Lakeview.

On one of the trips to the Alberta Game Farm, Roy Kikoak from Inuvik and Opi Anikina from Tuktoyaktuk had to have their pictures taken while riding an elephant. They said, "No one in the north would believe Eskimos would ride an elephant without a picture to prove it".

Radios were a great source of entertainment and, although we had a large number donated, there were never enough for all rooms to have one continuously. Therefore, a rotation schedule was established. Television sets became available and were donated to the

hospital mainly by the Kinsmen Club, I.O.D.E., the four Indian bands at Hobbema, and the Edmonton Electrical Company. These also had to be rotated fairly between the wards. Hockey games were popular programs for the men and boys. It wasn't long until the young boys in Ward 8B produced, in miniature, a full hockey team in action. They had their own source of materials for their construction project. Wire was removed from the bed springs and tongue blades, applicators and adhesive tape were sneaked off the dressing carts. The players' bodies were shaped from wire and uniforms were made of adhesive tape and completed with water color paints to accurately denote the Toronto Maple Leafs and the Montreal Canadiens. The goal nets were constructed of wire and gauze. Tongue blades formed hockey sticks. The ice surface was the top of a bedside table. The staff never ceased to be amazed at what could be accomplished when no one was looking.

Record players and records, donated by the Ex-Wrens Association and the Camsell Square Dance Club, were also well-used and enjoyed.

Under the direction of a recreation supervisor, the recreation hall was set up with pool tables, a pinball machine and various games, and patients who were allowed to leave the wards, made good use of them. In the summer there were outdoor activities. The horseshoe pitch was popular with the men and the children enjoyed the large sandbox, the see-saws and swings. When the Kiwanis Children's Home was closed, the outdoor play equipment was donated to the children at the Charles Camsell Hospital.

Movies were shown regularly on the wards by staff members. Mr. George Capell, Mr. Bert Smith and Mr. Harold Conlin spent many of their evenings supplying this service. The Gyrette Club supplied shows twice a month for Wards 1 and 2.

Some of the entertainment presented in the recreation hall for all patients able to leave the wards included: The Hobbema Native Dancers; programs by the Royal American Shows during Exhibition Week; Indian Princess Marlene Jackson, renowned baton twirler; Henry Rusk, a singer and always a popular entertainer; and the Eskimo Drum Dancers from Aklavik. This was especially appreciated by one of the patients, Susie Oliver, whose husband was one of the dancers. When the RCMP band from Regina was in Edmonton to play for the Musical Ride at the Edmonton Exhibition, they presented a "Musical Hour" for the patients. They played from the park area in front of the hospital. Many patients enjoyed the show from outside and others from the windows.

The Camsell patients were fortunate in being visited by many well-known celebrities, among whom were: Joyce Hahn, singer and T.V. star, who



Camsell Musicians, ca. 1955-1960. (Credit: Dept. of National Health and Welfare, Public Archives of Canada, PA-139311).



Hobbema Dancers entertaining patients in the Recreation Hall, 1961.

visited and sang on the wards; Glen Hall and Pierre Pilote of the Chicago Black Hawks; Dick Townsend, a member of the Canadian Olympic sailing team; Bill Tinsley, one of Canada's most knowledgeable sportsmen, who visited the men and boys and distributed autographed pictures; and cowboy and western singers Rex Allen, Slim Pickins and Hank Snow, who were always a big hit.

Whipper Billy Watson visited the children's wards and showed the boys how to wrestle. Batman, television hero of the children, was another welcome visitor. Ray Williams, art director of Walt Disney studios in California, entertained the children by doing cartoon drawings. Freddy Beshore and Jimmy Ingram, California boxing stars, visited the boys'

ward and did a good job of showing them how to box. The boys soon produced good replicas of boxing gloves. They cut pillow cases into the required shapes, stuffed them with cut-up housecoats and put them all together with large quantities of adhesive tape. The gloves were very functional and produced several bloody noses.

The children were entertained frequently by puppet shows which were very enjoyable.

Easter was always a happy time for the patients. The children's wards were well looked after with parties and treats by the Kinette Club, Women's Auxiliary of the Fraternal Order of the Eagles and the Loyal Order of the Moose. Thanks to the very gener-



Stanley Peterson's birthday party, Ward 5, 1960.



Angus Kahapena from Coppermine and Daniel Brule from Wabasca examining gifts presented by members of the Elks Club and Royal Purple Lodge, 1959.

ous donations from many individuals, groups and schools, there was always enough to give each one Easter treats, even when there were over 500 patients.

The first time that staff dressed in costumes at Hallowe'en and toured the wards, some of the women were terrified until they realized who the weird-looking visitors were. This became an annual event. Later Mrs. Hazel Truefitt, the recreation hall supervisor, and the occupational therapy staff assisted the children and the adults who were on high routine in producing costumes. They joined the staff on the Hallowe'en rounds, much to the enjoyment of the bed patients. Local school children donated large quantities of Hallowe'en "loot" which was always welcome and appreciated by the patients.

In 1952 when Mr. Yousuf Karsh, world-renowned photographer from Ottawa, visited Edmonton, he caused some consternation when he spent so much time photographing Camsell patients. He found the natives ideal models. Several pages of his pictures including some taken at the hospital appeared in Maclean's Magazine.

In 1954 Miss Audrey Taylor, a teacher at the Museum of Fine Arts in Montreal, was in Edmonton teaching at the U. of A. summer school. When she visited the Camsell Hospital she was so impressed by the artistic ability of the children that she requested a room in which to work with them. She spent ten days giving art lessons.

The late Mary Nicolson also spent considerable time at the hospital doing pastels of the patients.

The account of the experiences of Hazel Staples, a Winnipeg artist, as was published in the 'Camsell Arrow' in 1959 follows:

Winnipegger Tells About Her Novel Sketching Experience

"It is not very often that a portrait painter can see, at a glance, dozens of challenging models eager to be sketched and with all kinds of time to pose for a picture.

Such was my experience when I visited the Charles Camsell Indian Hospital in Edmonton. With raven black hair and flashing dark eyes, the patients were a sight to inspire any artist; and since most of them would be hospitalized one, two or three years with tuberculosis, they had time on their hands.

They were sympathetic models, too. Many patients were busily engaged in artistic pursuits, under the guidance of occupational therapists.

The Eskimos, in particular, were artistically inclined. For example, Mary Porter, 24-year-old Eskimo from Gjoa Haven, showed me her sketches of igloos, hunters and husky dogs. I asked if she had ever tried to sketch any of her fellow patients. She

shook her head and said she did not know how to draw from live models. So I volunteered to show her.

The next time that I visited the hospital, I took along my pastels and did a quick sketch of Mary. She watched eagerly and listened carefully to my explanation of how the various effects were achieved. She was thrilled when I gave her the sketch.

All the time I was drawing Mary, patients from other wards would wander in to see how the portrait was progressing. When it was finished, the women across the hall called to me. They wanted to see it.

A visitor was a welcome break in their daily routine. One young woman was on her knees, in bed, writing a letter; another was crocheting; a third was beading moccasins; an Eskimo woman was embroidering a piece for the top of a pair of mukluks; an Indian woman, in her fifties, was carefully printing her Grade One homework.

As I walked down the hallway in the women's section, a group of five or six Indians, in brightly colored bathrobes, stood in a doorway laughing and joking. A couple of young women, arms linked, were tearing down the hallway to join another noisy group. The young Indian women wore rouge, lipstick and eyebrow pencil and their hair was carefully curled. It was difficult to remember that all were ill. With the noise, the bright colors and the gaiety, it seemed like the prelude to an Indian Pow-wow.

Suddenly a bell sounded. The Indians disappeared and all was quiet — well, almost. A nurse had to check Emily, who had hoped to remain with her friends in her ward.

"Rest period! Back to your own ward," she was told.

Another patient, in the midst of telling a good story, did not see why she could not finish it. The nurse insisted and she returned to her own ward. Eventually, all was quiet.

Rest periods are strictly enforced. Patients have to get into bed and lie quietly. Windows are opened wide, even in the coldest weather. All talking must cease. No one must be disturbed for any reason whatsoever during these morning and afternoon rest periods.

While the majority of the patients at the Charles Camsell Hospital were Indian, there were about a dozen Eskimo patients at the time of my visit. The Indians were extremely shy. Several of the older women covered their faces with the bedclothes when spoken to. But the Eskimos were quite responsive. Though few of them could speak English, they would make signs and laugh. They seemed to be always laughing.

While I was sketching Mary Porter, I noticed an Eskimo woman whose face was covered with tattoos.

Through Mary, I asked if I might sketch her the following day. The 53-year-old Eskimo giggled and nodded her assent vigorously. With her forefingers, she traced the tattoos on her face, then laughed uproariously.

During the hour I spent sketching Mary Edetoak, who was from Spence Bay, the other five women in the ward watched entranced. I had taken along some brightly-wrapped candies, which I passed around to my audience. Four of the Indian women shyly took one, and had to be persuaded to take more, but the fifth did not have to be coaxed; she grabbed all that was left in the box and quickly buried them under her pillow, like a squirrel.

At the children's ward I was greeted with a chorus of "I want my picture painted . . . Paint me. Ah, lady, please paint me." I picked out little ten-year-old Jean Nakadalak, an Eskimo from Coppermine, who was crippled with poliomyelitis. Half a dozen children flocked around me, sucking candy and pleading to be painted. One little girl affectionately stroked my arm as I worked. I had to restrain her from kissing the pastel of Jean when it was finished.

My sketching was such an attraction that I was asked to do a picture of Joe, the incorrigible, on his promise to be on his best behaviour for a whole day. A lively 12-year-old, Joe was a mixture of English, French and Indian. He had been hospitalized with TB meningitis. At times he could be quite a problem to the staff, but his grade one teacher told me that he had asked her to save all his finished lessons so he could take them home to show his parents what he had learned while in the hospital. Joe did his best to act sophisticated. When the nurse brought him some milk, he eyed it with contempt. "That stuff's for babies", he complained. "I'm used to home brew".

"You're quite a kidder", the nurse chaffed.

"You don't believe me?" Joe sounded hurt. "Why, I can even tell you how to make homebrew", he bragged, and rattled off a recipe.

Joe also disliked bread. He preferred bannock. Oh yes! He could give you the recipe for that too — flour, baking powder and water; fried slowly in fat.

It was difficult to imagine what Joe's mouth would be like when not in motion. He was talking and eating candies the whole hour I spent sketching him.

He, too, liked to draw and he was not only a model, but a self-appointed critic. "This here eye's too long. That one there's too wide!" he commented, when I stood back to look at my first rough outline. "And you haven't got these here lines!" he went on, running his forefingers down his face from his nostrils to his mouth.

"How do you know you have those lines?" his teacher, who had come in at that moment, asked.

"Cause I can feel 'em. That's how I know they're there." The tone of his voice implied that it was a very stupid question to be asking.

With the suggested corrections made, Joe was pleased with the sketch. He wanted to have it hung above his bed. His teacher promised to have it framed for him and he was delighted.

As I packed my sketching equipment, I thought about Joe and the new way of life he was learning in the hospital. Besides reading, writing and various forms of handicraft, he had learned to drink milk instead of homebrew. What a different outlook he would have on life when he returned home, cured!

The other patients, too, would take something of civilization, as well as good health, back with them as a souvenir of the hospital.

As for me, besides a couple of sketches, I brought back to Winnipeg a new appreciation of Indians and Eskimos, together with the greatest admiration for the work being accomplished by the staff of the Charles Camsell Indian Hospital in Edmonton."

The Charles Camsell Hospital Cub Pack by Cub Leaders — John Shaw and Jack Grainge

The Charles Camsell Hospital Cub Pack was formed in the old hospital in March 1967 with about a dozen boys. We held pack meetings among the beds in Ward 7. Now the meetings are held in the classroom on Station 62 and we hope to use the auditorium in the future. The pack is sponsored by a group committee of hospital staff including Miss Taylor, Miss Cogill, Miss Drury, Miss Gidman and Mrs. Callebaut, and is financially sponsored by the Kinnette Club of Edmonton. We have received our charter from the Boy Scouts Association of Canada and officially are the 38th Edmonton group.

Many of the original cubs have left the hospital and new boys have arrived. At present we have six boys in the pack, all of whom have passed their tenderpad and have been invested. Through the kind offices of Mrs. Gregg and Mrs. Roline, uniforms have been donated to the pack and each boy has his own uniform. Before investiture the cubs made their own neckerchief slides in the occupational therapy workshop under the guidance of Mrs. Callebaut. They look forward to making belts, toys and other work for which they can gain badges. Some of the women patients made the neckerchiefs for the boys.

Apart from their regular meetings on Wednesdays at 5:45 p.m., the cubs undertake other activities such as outdoor trips and visits. There was one very

enjoyable trip last summer to a scout camping display at White Mud Creek Park. The cubs saw demonstrations of various outdoor scouting activities such as archery, cooking and rope bridge building.

We went to a hockey game at the Edmonton Gardens. Tickets were kindly donated by Bannister Construction Company. To add to the excitement of a win by the Edmonton Oil Kings over the Calgary Centennials, the cubs were fortunate enough to win a door prize — a hockey stick autographed by the members of the Oil Kings team.

The cubs have visited the fire hall on 107th Street and learned the operation of the city fire alarm system. They were delighted with the demonstration of the various sirens on the fire engines and the chance to wear firemen's helmets. A visit to the planetarium showed us the stars in the night sky over the equator and we learned of the latest developments in astronomical research and space travel.

Recently another cub pack from St. Albert visited the hospital bringing gifts and spending an enjoyable afternoon playing with our cubs.

The program for a cub meeting generally begins with a "Grand Howl" to welcome their leader "Akela", the old wolf. This is followed by games, both physical and mental, and work on projects to gain badges and stars. Sometimes yarns and stories are told; at other times the cubs enjoy a singsong. The evening program ends with a farewell "Grand Howl" and prayers.

From "The Camsell Arrow" — Spring 1968.

The Patients' Picnic

by Margaret E. Cogill

The first patients' picnic took place on July 20, 1948 at Victoria Park, a lovely treed setting in the heart of Edmonton and close to the North Saskatchewan River. One hundred and fifty DVA, Indian and



L. to R.: Mrs. Lissack, Dr. Gray, Mrs. Pyesmany at patients' picnic, 1962.

Eskimo patients were well enough to attend, and were transported to the park by members of the Canadian Legion, the Department of Veterans Affairs and hospital staff. Many vehicles were used including those belonging to the hospital and to individuals. This first picnic was enjoyed so much by the patients that the decision was made to hold one annually.

Picnic Day was scheduled for the opening day of the Edmonton Exhibition. Chartered buses took the patients to watch the parade from a vantage position on Jasper Avenue provided by Edmonton Motors and Healy Motors. At the end of the parade the buses proceeded to Victoria Park to let the patients enjoy a few hours of fun at their picnic.

Hospital staff had been busy at the park, setting up games and equipment. Chef Jack Latham and his kitchen staff had the fires all ready to do the cooking. Staff assisted in the assembling of the food, and staff and volunteers served the patients.

When everyone was stuffed with hot dogs and hamburgers, potato chips, ice cream, fruit, coffee and pop, they were ready to enjoy the entertainment and games.



Doctors and Orderlies battling it out at picnic, 1951.

Mr. Harold Wright frequently acted as Master of Ceremonies and provided the P.A. system. There were many sports events including regular races, three-legged races and a clothing race — a novelty event to see who could dress the quickest in old clothes. Archdeacon Clough was overheard saying to his partner in the clothing race, "We could have won that race if the trousers had been bigger". For these activities patients' names were drawn by staff members who became the contestants on their behalf, with the patients receiving the prizes.

A variety of games of skill and chance were provided in which some of the patients could participate and were thoroughly enjoyed. The shooting games were most popular. The children liked breaking balloons and the ring toss games. Staff members dressed as clowns added greatly to the fun.



Bertha Stewart, Edna McManus, Vi Hebert, clowning around at the picnic, 1949.

One year the “Golden Hawks Flying Team” visited the picnic and gave the patients autographed pictures which were greatly appreciated.

Harry Rusk, a former patient and a folk singer, was a popular entertainer when he was available. Some of the male patients brought their musical instruments and provided music and songs.



Patients entertaining at the picnic, 1951. L. to R.: Charles Bouvier, Noel Bouvier, Jean Marie Ward, Alphonse Thomas.

Just being outside meant so much to these nature-loving people and I am sure the river reminded many of their homes. It was also a big social event to be able to visit with their relatives and friends in such a beautiful setting.

The grand finale of the day, before returning to the hospital, was a tour of the city for the adult patients. They could hardly believe that one city could be so large and have so many people. The tired, happy children were returned to the hospital when the picnic was over.

Patients who were not well enough to attend had



Joyce Cree, John Laboucan, Rita Flett at patients' picnic in Victoria Park, 1957.

their picnic lunch and treats at the hospital, and after hearing the glowing reports from the picnickers they looked forward to the day when they would be included.

We always felt that someone “up there” was looking after us as Picnic Day was usually gloriously sunny, and we were never rained out.

Patients' Picnic

Mary Rose Abraham, Ward 4

After a cold wet spell of weather, July 13 dawned bright and clear and proved to be a perfect day for our annual picnic.

Before the picnic we went to watch the parade. We couldn't get out of the buses and so found them hot and stuffy. Some patients could hardly see the parade because too many heads were in the way. Still we all enjoyed ourselves. Never in all our lives have we seen anything like this. Bands were playing and marching down the avenue. We saw cowboys, cowgirls with their horses dancing to music. The two buffalo harnessed to a buggy was something we never expected to see. There were many beautiful floats but we were most thrilled when we saw the float of the Junior Chamber of Commerce with “Miss Mukluk”, Miss Judy Holmes one of our student nurses, and three little Eskimo girls from Ward 7 — Susan Hukiak, Neenee Napachee and Rita Poodlat.

After the parade, we went to Victoria Park for our picnic. We ate lunch under the trees and afterwards tried our luck at the games. The girls, as well as the boys, proved to be good shots, and all enjoyed the cigarettes, candy bars, and popcorn that they won.

Six members of the staff dressed up as clowns and we couldn't tell who was having the most fun — the clowns or the patients who were watching them.

About 2:30 we were bundled back into the buses and off we went for a long tour through the city, out to the oil refinery and celanese plant, and then back past the Edmonton Exhibition grounds. We could see the crowds of people, the ferris wheels and other rides from the bus windows.

We returned to the hospital about 4:00 pm after a very happy day. We all wondered why this exhibition was held only once a year.

From *"The Camsell Arrow"* — Autumn 1964



Patients' picnic, 1958. (Credit: Goertz Studios, July 15-2-32).

The Long Road Back

by Jerry Ganton

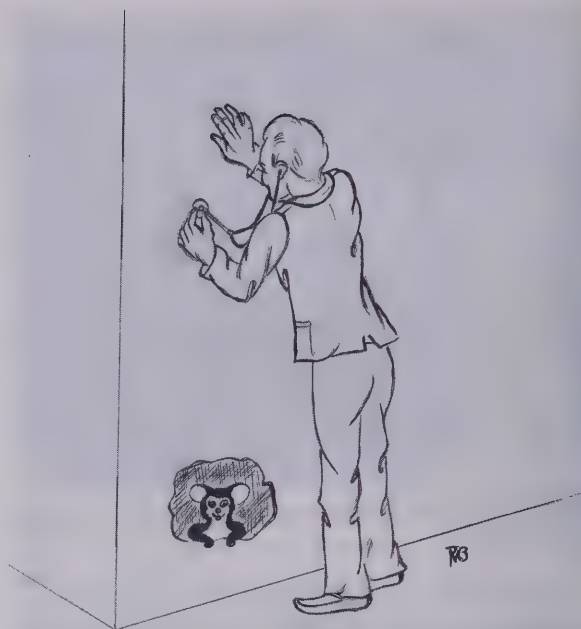
DVA Patient from 1946-1949. Presently living in Surrey, B.C.

Many things come to mind as one thinks back to the days, months and years spent as a patient in the Charles Camsell Hospital. Some are humorous, some sad and some that one would rather forget.

I arrived at the Camsell in August 1946, and, over the years as a patient on Ward 5A, I met a number of friendly, caring people: patients, staff, and groups of people who came week after week to help make life more pleasant for everyone. Many of these people became lasting friends and we still get together to laugh and rehash old memories: the Collars, Reynolds and Simpsons. Some patients married former staff members — I married Ruby Johnson, Al Collar married Marie Baudin, John Wilson wed Gladys Hortie, and there were others.

If one could only write a book on the happenings among the people at the Camsell over those years it would make great reading, but I'm afraid there would be law suits! It was quite a family.

I remember when Joe McCorkell lost his hamsters down a hole in the floor in 5C, and they became



stuck somewhere in the wall. He borrowed a stethoscope to locate them, and then was forced to make a hole in the wall to retrieve them.

I remember the time some of the fellows sneaked out one night and took along Art Wolff, who was in a body cast. They couldn't get him over the fence so they just kicked the boards out and shoved him through. They were caught. Some were "kicked out" and others were fined ten dollars. I often wondered if those fines were legal.

Wards 5A and 5C had some great water fights. Buckets were used to throw water down and we used fire extinguisher stirrup pumps to pump water up. Some of us were only on routine two and three. No wonder it took most of us three years to get out of the Camsell.

I heard that in Ward 6B they used to hide booze under the floor and had some pretty good parties after 'lights out'.



Paying off the bets. From left: Peter Drewicki, Alex Katz, Bert Simpson, Bob Mitchell, Andy Curry.

As I reflect back to some of the water fights, jokes and pranks we pulled on each other, we had our fun times. There were the poker games with Uncle Nick Japuncich, who always won over Joe Black, Leo Krupa, Al Collar and Bob McNeil. Sometimes tempers would flair and the table would get tipped over. If that didn't bring the game to an end, loud footsteps coming down the hall would. We could hear Dr. Meltzer about to arrive and there would be one mad rush for our beds. He could always tell who had been scurrying by the red faces and rapid breathing.

There were three DVA women in hospital. They were: Helen "Cookie" Dubuc Alseth, Bunny Myatt Scheie and Veronica O'Flaherty Thompson.

To mention a few of the fellows I can recall: Phil Burke, Bob McNeil, Joe Black, Al Collar, Ed Kay, Bob Foster, Ken Carter, Alex Katz, Ed Esper, Jimmy Marks, Russ Hay, Joe Kish, Herb Muller, Bert Simpson, Bobby Mitchell, Harold Orser, Hank Wakal, Leo Krupa, Fred Aslin, Sandy Black, Andy Kurienko, Peter Drewicki, Vern Bennett, Ernie Egedahl, Al Person, Nick Japuncich, Harold Hornland, Les Wedman, Alvin Barnes, Harry Lightning, Walter Reynolds, Joe McCorkell, Slim Debluc, Les Brown, Ralph Alseth, Darky Atkinson, Ben Knockelby, Frank and Duff Savard, Jack Wardrop, Carl Cadek, Bill Meagher, John McGillvray, Lou Nargang, Bill Copeland, Art Wolff, Ernie Wulfe, Blake Forrest, John Wilson, John Paran, Albert Johnson and Len Corbett. Other faces remain in my memory, but names escape me. They were a great bunch.



Out for air. L. to R.: (unknown), Bob Foster, John McGillvray, Jim Marks, Bob McNeil, Jerry Ganton, Joe Black.

I also remember the ward aides: Audrey Fleetwood, Kay Lagore, Jackie Parker, Doris and Eleanor Brown, Ann Kurik, Evelyn Grimms, Lucille Primeau, Pauline Rameau, Marie Baudin, Jean Pidgeon, Gladys Hortie, Alice Couturier, Dorothy Oakes, Ruby Johnson, Esther Glaser and Helen Su-

provitch. And our orderlies: Max Conaty, John Sewell and little Jim Terry.

Nurses I recall include Miss Hague, Miss Kautz, Mrs. Wood, Miss Souch, Mrs. P. Powell, Mrs. V. Powell, Kay Dier, Miss Ondrus, Miss Perry, Miss Cogill, Miss MacKenzie, Mrs. Gardner, Elva Taylor, Jean Bergos, Mary Ann Rau and Mrs. Egedahl. The doctors were Meltzer, Matas, Orford and the Barclays.

Let's not forget the women from the Red Cross who gave of their time week after week: Marg Allen, Gwen and Doris Reace, Aileen King and Shirley Anderson. And, there was Fred Dew, the teacher, who tried so hard to give us the education we missed and to prepare us for years ahead.

Gaby Haas, Dad Taylor, Betty Muter and orchestra were among those who entertained us so well.

The Indians and Eskimos of the north and from Alberta occupied Wards 1 to 4 and 8 to 10. It was a great opportunity to get to know and appreciate these wonderful people. They were so talented in their handicrafts and music.

Finally, one special mention and "Thank You" to our friend and doctor, Dr. Herb Meltzer, who really cared.

Occupational Therapy For The "DVA Boys"

by Jean Radcliffe and Beth Rowand

Jean Radcliffe

Occupational Therapist responsible for DVA's at the Charles Camsell Hospital and Veterans Home 1946-1948. Living in Edmonton.

Beth Rowand

Occupational Therapy intern Wards 5 and 6, 1948. Living in Edmonton.

The Department of Veterans Affairs was responsible for occupational therapy treatment in the old Colonel Mewburn Pavilion (at the University Hospital) which was devoted to caring for disabled veterans at the end of the Second World War. The veterans who contracted tuberculosis (about one hundred of them) were housed in the Charles Camsell Hospital rather than the Colonel Mewburn. The "powers-that-be" decided that this group could benefit from T.L.C. (tender loving care) dispensed by the occupational therapists from the Colonel Mewburn.

At that time there were three therapists in the Mewburn who had graduated recently from the School of Occupational Therapy, University of Toronto. These three were responsible for providing

“training-on-the-job” for the next class of graduating students. Mrs. Jean Radcliffe, one of the three, was placed in charge of O.T. for both the older, longer term men in Veterans Home and the veterans in Camsell. It was decided that under Mrs. Radcliffe’s direction, the new students, Miss Theo Wise and Miss Elizabeth (Beth) Rowand, should spend most of their training with the veterans in the Camsell. These students each spent six weeks there.

The space for the department at the Camsell was minimal — a desk in a corner. Even supplies were very scarce. In spite of obstacles, the students provided instruction in light weaving, leatherwork and other small crafts that could be done in bed. Many a lovingly-carved leather handbag found its way to an appreciative girlfriend or wife. If articles were sold, you may be sure it was at top price. Kits for small items such as slippers and wallets were available. The light activity was suitable for the kind of exercise permitted these patients who otherwise would have spent the many hours of enforced rest without recourse to anything to occupy the long stretches of time.



Enjoying a card game. L. to R., facing camera: Nick Japunch, Alex Katz, Harold Orser, Bert Simpson.

Extra-curricular activities included gentle group exercises, help with correspondence courses and games such as cribbage. One student still recalls the thrill of receiving a “29 hand”! Naturally, a tolerant eye was cast on the entrepreneur who ran a taxicab company from bed and shared the odd brandy with pals to keep up sagging spirits.

This system of providing occupational therapy continued while students were available. When the Aberhart Memorial opened in March 1952, the veterans were transferred there.

Ramblings From 5B

January 1949

“I am sure all the boys join in with thanks to the

different organizations for making our Christmas festivities happy. Thanks go to: Ma Tayler, Mrs. Patterson, Mrs. Sloane, Mrs. Rice, Mrs. Heavener, the Air Force Mothers, the Army, Navy and Air Force Veterans’ Ladies’ Auxiliary, Canadian Legion Provincial Command, Sir George French Chapter I.O.D.E., Municipal Chapter I.O.D.E., the Red Cross, Mrs. Groucher, Salvation Army, The Red Cross girls, Mary Scullion, Heavener Dancing School, Navy Mothers, all the Christmas carol singers, all who placed presents under the Canadian Legion Christmas Tree in Eaton’s, Mel Meredith and his orchestra and baritone Pat James and last, but not least, Red Nicol.

I would like to take this opportunity to thank Dr. Meltzer, Miss Taylor and their entire staff of doctors, nurses, ward aides and orderlies for making our Happy Christmas and New Year’s possible. Thanks a million to one and all.

Thanks to chief cook Jack Latham and dietitian Marjorie Fazackerley and their staff of cooking personnel for the excellent turkey dinner they served on Christmas day.”



Christmas, 1946. L. to R.: (unknown), (unknown), (unknown), Bob Mitchell, Jerry Ganton, Bert Simpson, Henry Wakal, Ernie Egedahl, Harold Orser. Standing: Harold Wright, (name unknown, representative from DVA), Dr. Orford, Marjorie Davis, R.N., Pauline Melnyk, Aide, Max Conaty.

February 1949

“Now I must confess that I am a heel, to miss our own charming Mrs. Lamb and our friend Harold Wright, and also Mrs. Thom, Canadian Legion convener, when compiling the list of entertainers over the holidays. So to these worthy people I say ‘please forgive and thanks a million’”

From — Veterans’ Hospital Newspaper “Communique”, “Camsell Capsule” Pages 4&5. Courtesy, Albert Johnson, Calgary.

Editor’s Note: The first edition of this paper was printed June 16, 1947. It was for the veterans at the

Colonel Mewburn Pavilion (University Hospital), the Charles Camsell Hospital and the Veterans Home. In 1949 Bob Murphy was editor of the section "Camsell Capsule".

DVA Diversions

The January 1949 issue of the **Communique** included an article "Tropical Aquarium Fishes" by Andy Nykilchuk. Andy writes that when he arrived at the hospital fellow patient, Joe Black, was caring for the aquariums. When Joe was discharged, Andy took over the tropical fish and found them very interesting.

There were three aquariums in which were a total of 200 adult fish and 130 baby fish. Varieties included Red Hybrid, Guppy, Mexican Swordtail and Blue and Black Platys or Moons. The tropical fish were not very large averaging in length from three quarters of an inch to five inches. Andy informed his readers about the care, feeding and breeding of the fish.

Tony Stark assisted Andy in the care of the fish as did Ben Knockelby. George (Red) Nicol, Rehabilitation Counsellor, DVA, helped in purchasing aquarium equipment. Patients weren't the only ones who found these colorful, active little fish interesting; doctors, ward staff, dietitians, janitors and visitors also became fascinated onlookers.

"Budgie therapy", instituted by Alf Sheriff of Jasper, was also featured in this issue of **Communique**. There is a picture of John Bray, from Mayerthorpe, with his budgie, Cou-Cou. "The training and care of budgies has become part of the routine of several TB patients at Camsell. Bray was one of the first to try the therapy".

Once these colorful birds arrived on the scene members of the staff never knew when a budgie would alight on their head or shoulder. This was fine as long as all they did was perch . . .!

A few canaries, with beautiful singing voices, provided competition for the budgies that tried to talk.

Veteran's View by Albert Collar

D.V.A. Patient, Ward 5, 1946-1948

In August 1945 while serving in the Canadian Army in Germany, I developed pleurisy with effusion. I was sent to England and then to Calgary to the Colonel Belcher Hospital to recuperate. In January 1946 I was discharged from the Armed Forces, but not from the hospital. It was somewhat disappointing to find that I was being transferred to Edmonton as



Carl Cadek, Alice Couturier, Fred Neilson, Mr. Mills, John McGillvray, Ernie Egedahl, Helga Egedahl, R.N., Marie Baudin, Jack Wardrop.

the Bowness Centre in Calgary was full to capacity. This, literally, put me out of visiting contact with my family, as "home" was near Fort Macleod in southern Alberta.

I arrived in mid-January 1946 at what was later to become known as the "Charles Camsell Hospital". What was expected to be a term of six months was extended to August 5, 1948 when it was discovered in June of 1946 that I had a spot on my lung which was diagnosed as tuberculosis.

The hospital had acquired goods and supplies from the U.S. Army when it vacated the complex. How well I remember the pyjamas and dressing gowns! I believe that they were uniforms and coats captured from the Southern Confederate Army in the U.S. Civil War of 1861-1865. Buttons weren't used, but instead loops and thumb-sized pieces of wood. I had only seen such fasteners on heavy winter overcoats. Sleep was often suddenly interrupted when you unconsciously rolled over onto these!

Though there were rest periods each day from 9:00 to 11:00 a.m., 1:00 to 3:00 p.m. and again from 6:00 to 7:00 p.m., there remained many hours to while away before "lights out" at 9:00 p.m. And then, to sleep, God only knew when. After lights-out we listened to radios, rehashed sports events, and discussed and argued into the early morning hours.

My years at Camsell were spent in Wards 5A and 5C. I remember, while in 5A, Eddie Kay acquired a short-wave radio receiver on which we could pick up telephone conversations from the U.S. bases in Alaska and the Aleutian Islands. For some time those radio telephone calls between husbands, wives and others were our entertainment after lights out. A lead wire was stapled under the wood and glass partial partition that served as a room divider. We all procured head phones to hook up to the lead line and all

would be quiet, with no disturbance from the nurses, while we listened in.

Clandestine card games for money, such as poker, cribbage and Norwegian whist were also played. At times these episodes were suddenly interrupted and those involved were usually fined ten dollars. This happened when we were caught by "The Chief" himself (Dr. Meltzer) who used to make surprise checks on us.

Leathercraft, brass work, educational courses, reading and many other activities were undertaken by patients to keep occupied and to help pass the time. I did leathercraft, brass work, photo developing and learned to knit. In later years I knit heavy winter sweaters for my children and myself.



Entertainers, 1947. L. to R.: Gaby Haas, Betty Muter, "Dad" Taylor.

Eventually a small radio transmitter of about one-watt output was acquired by one of our group. We were able to broadcast on our own frequency for a distance of a couple of blocks. This was enough to cover the whole Camsell complex and thus entertained us for some time. Request programs from the Indian girls in the main building were broadcast with Darky Anderson at the controls. Also at this time Ward 5A was the proud owner of a radio and record turntable unit.

Pranks among the patients and the staff were a never-ending affair. How well I remember a water fight that developed in Ward 5C. The three-gallon fire extinguisher containers, with hand pumps attached, were borrowed from their mounts and brought into service. Faucets at the sinks were left on full blast, and pails, basins and whatever were used to collect water to throw at whomever! When it was all over an inch or more of water covered the floor. This happened around 11:00 p.m. We were able to "sweet talk" one of the more obliging nurses who was in charge into obtaining mops and pails from the janitor's cupboard and we went about mopping up the

mess. All was well except that the next morning, when the floor was more or less dry, we discovered the chemical that was mixed in the firefighting containers had left a white film everywhere. I can't remember just how that was explained.

Making a dummy in the bed to deceive the nurse doing the night check and then sneaking out, was a frequent adventure for some who had friends in the city and were able to have a night on the town. This, too, had its drawbacks. Upon being caught, the guilty party usually was severely lectured and levied a ten dollar fine. However, this didn't deter some patients from proceeding on a night out, including one fellow who was in a partial body cast. He had to remove a number of pickets from the fence in order to make his way to the other side and so-called freedom.



Christmas Dinner, 1951. L. to R.: visitor, visitor, Mr. McDonald, Mr. Smith, Miss Nicolai, Walter Reynolds, Bob Mitchell.

Christmas was a time that was looked forward to by all. For the patients there was no exchange of gifts but the goodwill and cheery atmosphere was something that seemed to enter into the lives of everyone. Liquid spirits were not overlooked and a necessary quantity to help celebrate a joyous Christmas was always on hand, usually obtained through friends, relatives and the Legion. Had it not been for the always cheery, friendly and caring staff and the clubs and organizations that always remembered us, this festive season would have been a rather sad time of year, especially for those, like myself, whose family and friends were unable to visit.

I shall always be grateful to the staff at the Charles Camsell. They were such a cheerful family of workers. The nursing staff made sure your medications were received and taken and that your overall health needs were looked after. The aides, whom we teased unmercifully, and from whom we had to be ready to receive the same in return, did such a magnificent job and were always cheerful. As a result,



Ward 5A, 1948. L. to R.: John Paranchy, Bill Briggs, Bill Meagher, Fred Johnson, Les Brown, Russ Hay.

friendships among staff and patients were made that have lasted ever since. A number of patient-staff friendships progressed to the point of walking down the aisle and being united as man and wife. As a patient who stands to be counted in this latter group, I look upon it as the most fortunate single event of my life. Marie and I have now celebrated our thirty-fifth anniversary and a married life that I can only wish could happen to all couples.

Thus it was, and looking back one remembers by far the good over the bad.

The Pyjama Dance by Bunny (Ruth Myatt) Scheie

Patient November 1946-October 1947 and January-October 1950.

When I was discharged from the Army in Vancouver in 1946, I had been diagnosed as having tuberculosis. I was admitted to the Shaughnessy Hospital, but since my home was along the Alaska Highway near Muncho Lake, part of the area served by the Charles Camsell Hospital, I was transferred there in the latter part of 1946. The move upset me because I knew no one in Edmonton.

When I arrived, there was one DVA lady, named "Cookie", and Evie Granath. Cookie (Helen Dubuc) was discharged shortly after I was admitted and Evie and I shared the huge upstairs ward (6C) until February 1947 when Ronnie (Veronica) O'Flaherty joined us. She was a truly beautiful lady. Her family and friends lived in Edmonton and visited every day. Oh how her Mom could cook! All our cravings for food were met. This new roommate, and her family, gave my life a purpose.

Evie was discharged shortly after and Ronnie and I shared many funny experiences during our stay. It was amusing to watch the men from below sneak out at night; watching them come home was even funnier!



Ward 6C, 1947, Veronica O'Flaherty, left, and Bunny Myatt.

We wore men's pyjamas which were always miles too big. One day we decided to share a pair — I wore the bottoms tied under my armpits and Ronnie wore the top, which came down to her knees. Of course we were supposed to be resting but were doing some wild dance when we were caught by some very staid ladies who had come to visit "the very sick Veronica". The look on their faces was priceless. We giggled about this incident for months, or years really.

Our room was out of bounds to the men, as were their rooms to us. Vividly, I remember Dr. Meltzer making his evening rounds and catching two gentlemen and me visiting in Ronnie's room just after she had an operation. What a wild scramble there was to leave!

I remember Ken Carter telling a "very scared me", just before I had my thoracoplasty, not to worry as I would only miss one feed of spare ribs. Ken's mother was very kind to us and often brought us goodies.

I have fond memories of the staff: the wonderful Doctors Barclay and the many talks and cries I shared with them; Dr. Meltzer and his strict ways, which I did not appreciate until much later; Dr. "Papa" Matas with his fatherly hugs and wonderful smile to brighten our days; the nursing staff that was always ready and willing to take time from a busy routine to spend extra time with us; and Len Pegg, an orderly, who always had something funny to tell us about his young daughter.

I returned to Camsell in January 1950 as Mrs. Sid Scheie, and was there until October. My roommate then was Lynn Shattuck and also one of the nurses, Vi Powell.

Our oldest son, Allan, was born while I was in hospital. He was delivered by the Barclays. On the maternity ward there was a small nursery for Eskimo and Indian babies. When our son went into the nursery, the three ladies who were there immediately took their babies to their rooms and would not return them. They claimed that he looked sick. Compared to their dark skinned, brown eyed, dark haired, beautiful babies I guess my blue eyed, fair skinned son with no hair did look ill.

When Vi Powell was discharged, Lynn and I composed a poem for her:

"To Viletta" June 5, 1950

You're leaving us tomorrow, Vi
 We're glad to see you go
 Yet deep down in our hearts we'll cry
 Because we'll miss you here, we know.
 We'll miss our teas and lengthy chats
 Your coming in and out
 Your spicy jokes and little cracks
 That don't leave any doubt.
 Before you leave we'd like to say,
 Be sure and take the cure
 For tho' you're out and feeling gay
 One never can be sure.
 You've heard it many times before
 So no more will we say,
 Have lots of laughs and fun galore
 But no rolling in the hay.
 We'd like to see you back again
 But as a nurse, of course!
 For otherwise would cause us pain
 And much untold remorse.
 So to you, we say "So long dear Vi"
 We hope your trip is sunny,
 Bon Voyage and a sad goodbye
 Signed Wee Lynn and Pregnant Bunny.

Anecdotes from the Veterans

I remember the fellow in our room who had been having problems at home. Somehow he managed to get his clothes, and one night he dressed and took off. Several nights later we heard a window being opened and through it came our absent room-mate. I would have liked to know what Dr. Meltzer thought!

This same fellow bought a watch for \$10.00 from one of the aides. After a few days it refused to run. Shaking and tapping did no good. One of his helpful

friends in the ward suggested that he drop it on the floor. Pieces flew everywhere! Such a waste of ten dollars.

I would like to say "Thank You" for all of your work. It was terrific what you did for us.

John Wilson,
 Mirror, Alberta



DVA's 1947. L. to R.: Vern Bennett, Maxine Harrold, R.N., Bob Soloway, Pauline Melnyk, Aide, Joe Busche, Muriel McQuaig, Aide.

I wish to thank all the doctors, nurses, and other staff and the patients for the good care I received when in hospital. I look back on it now as a short period in my life. At the time it seemed so very long. What I appreciated was the comradeship that was so evident in the hospital. It was more like one big family helping everyone get well.

Thank you to my mother for all her attention, love and support when I was so ill. To know that she was sitting quietly at my bedside was such a boost to my morale.

I have been very lucky. I have a good wife, five children and eight grandchildren. I was fortunate to have had a very good job.

Gratefully,
 Albert Johnson,
 Calgary, Alberta



Bernice Beaton (Newton) and Albert Johnson, April 1950.

Story told by Blake Forrest: When he and other DVA patients were in Ward 5C, he decided to go out one evening. On returning, in the middle of the night, he got ready for bed without turning the light on so as to avoid disturbing the other patients. He detected a complete silence in the ward, turned the light on and found that every bed was empty!

Contributed by Ruth Fadum

DVA and Staff Reunion

Circa 1946-1952

We fondly refer to the veterans who were patients at Camsell as the DVA's. A few of the fellows, Sandy Black, Jerry Ganton and Al Collar specifically, would frequently say, "We should have a reunion". The idea floated around for a few years and finally came to fruition in the late autumn of 1978.

A committee composed of Margaret Cogill, Maxine (Harrold) LeClair, Marie (Baudin) Collar, Esther Wickencamp and Elva Taylor proceeded to 'get the show on the road'. Cogi was responsible for locating the DVA's and the staff members. This was complicated by the fact that none of the old records of the hospital were available and moccasin telegraph had to play a very important part. Cogi also was treasurer. Wicky looked after hotel reservations and made arrangements for meeting planes.

Doctor Meltzer was designated master of ceremonies. Max Conaty agreed to be responsible for the art work, photo and memorabilia display plus the refreshments for the banquet. Jean Meltzer and Sandy Black were to arrange the Wine and Cheese Party that was to start us off in style. Marie Collar was banquet convener; Mrs. Mena Orford, script writer; Pat Duitman, Bertha Stewart and Jean MacDonald, song writers with Mena adding one entitled "Camsell Days" sung to the tune of "The Girl I Left Behind Me". Maxine and Nick Kirillo with the help of Wicky, Jane Bostrom, Emma Lisis and Bud LeClair arranged the picnic.

The Wine and Cheese, at the '700 Wing', the evening of May 18, 1979 was a great success. Former staff members from Massachusetts, Idaho, Prince Edward Island, Saskatchewan and the Northwest Territories, and former staff and veterans from Ontario, British Columbia and Alberta, with many from Edmonton, signed the guest book over which Bert Simpson and Henry Wakal presided.

On Saturday afternoon, May 19, many of the visitors were taken on a tour of the new hospital arranged by Maxine with the kind help of Mrs. Barbara Geyer, Director of Nursing. Later everyone converged on the Moose Hall at 142nd Street and 142nd Avenue for cocktails, the banquet, entertainment and

dancing. It was at this function that Dr. Meltzer stated that a history of the early Camsell Hospital should be written and asked that volunteers carry out this project. The seed was planted.

Following the meal, Doctor Moore reminisced about the beginning of the Charles Camsell Hospital. This was followed by a few brief speeches and ad lib remarks by some of the guests.

The actors for the skit, with one exception, were originals. Al Collar, Frank Savard, Bert Simpson, Maxine LeClair and Margaret Cogill presented "Rest Period — Ward 6" complete with old maroon-colored dressing gowns. Bernie Beer took the part of Doctor Meltzer. At the conclusion of the skit "H. M." remarked, "After thirty-three years I find out what really happened during rest periods".

Dr. Herman Meyers set the tone for the evening, as no one but he could, by vigorously reciting "The Cremation of Sam McGee" by Robert W. Service. This inspired Dr. Moore to give an off-the-cuff recitation of his favorite writing by Service, to the delight of everyone.



"The Singers", Reunion Banquet, May 19, 1979. L. to R.: John Newton, Kay Dier, Bernice Newton, Jean MacDonald, Pat Duitman at piano, Al Collar.

Our singers were John and Bernice Newton, Jean MacDonald, Kay Dier and Al Collar accompanied by Pat (Blanchfield) Duitman at the piano. They sang old favorites with words adapted by our songwriters to suit the occasion.

Almost two hundred people enjoyed visiting and dancing into the wee hours of the morning.

Sunday, we held our picnic at Coronation Park. The hamburgers that Nick produced were par excellence. The ladies who brought salads, squares and other delicacies were complimented for their culinary ability. Maxine and her helpers were the recipients of grateful accolades.

A bus tour of the city concluded the planned activities.

It surely was a fun week-end. Friendship and fellowship were evident everywhere. One could not help but ponder the reason for the bond that existed between patients and staff that had developed over six years in a hospital with no Alma Mater, no past — only those few short years. Analysis might destroy something that is beautiful. Albert Johnson's mother, Mrs. Dot Johnson, captures the spirit in her poem:

Camsell Homecoming — May 18-20, 1979 by Dot Johnson

The following verses are written about the staff and patients of post-war years at the Charles Camsell Hospital.

Psalm 90:12 "Teach us O Lord to number our days, that we may apply our hearts unto wisdom".

The author wishes to be excused for any errors made. They are covered under poetic licence.

The walls and halls of old Camsell
Have certainly changed with the years,
From the days we walked lonely corridors
A mother's heart heavy with tears.

Last night's reunion brought us back
To this building now modern and new,
Many boys bringing their lovely wives
Which proves the staff's dedication was true.

I talked with a doctor from Parliament Hill
He said, "He was eighty or so"
I didn't argue about ages
For that old warhorse was endowed with plenty of
get up and go.

We danced the schottische together
Since I was about his age;
I only wished I'd known the old boy
When the schottische was really the rage.

They said, "he was Percy Moore, M.D."
A kid with plenty of Government pull
To meet such a splendid character
Filled my cup o' joy heaping full.

How lovely to see Dr. Herbert Meltzer
Thirty years had long gone by,
Since I saw the man who had charge of Camsell
So I kissed him and started to cry.

Because Herb is really a hero
As those boys from the wards can tell
He fought for their rights and comforts
And gave them plenty o' hell.

His help-mate, Jean, was with him
Oh! those years she had to plan
All the things she did to help him
Caring for this wonderful man.

Dr. Matt Matas with wife Vi were among us,
How that doctor haunted the hall
Day or night you'd find him there
Giving special attention — caring for one and all.
Elva Taylor, their lovely Matron,
Kindly, graceful and tall,
She carried a great responsibility
Answering many a lonely, frightened boy's call.

The years had somehow set lightly
On the shoulders of this wonderful gal
Though she kept those veterans well in hand
She treated them all like a pal.

Katherine Mac the little head nurse
Arrived from a town down east,
Her work on the wards was a tough one
For the suffering never ceased.

She's living in Massachusetts
A little New England State,
Just to see her concern after thirty years
Made those Vets feel really great.

There was Bea from North Vancouver
Mildred from Calgary West,
Many others from the Northland
All of them looking their best.

'Twas joy and anticipation
That brought them back once again
They'd have been willing to travel by dog sled
But instead they flew in by plane.

There was plenty of entertainment
By a guy that had brought 'em cheer,
A jolly elf who was always himself
Bringing joy to the boys each day of the year.

Dr. Meyers "Cremated Sam McGee"
Right there in the dining room hall,
While "Saw Tooth" Joe from the long ago
Attended the evening ball.

We can't forget the ones that cooked
Prepared food in quantities great,
The gals that kept the wards clean
And the fellow who washed the plate.

You all remember the gardener
And his help that took care of the grounds,
The night watch man and God knows how many
more
That were always making the rounds.

The Lab staff that were so essential,
The orderlies, those boys in white
The rest of the wonderful nurses and aides
How they labored day and night.
You'd always find them cheerful,
Wearing — that God given smile

We all know the halls of old Camsell
Stretched out like a Yukon mile.
'Twas the personal touch they gave
With friendship that grew as the years passed on
We renewed that love again last night
To-day with modern facilities, that special touch is
gone.

Now who remembers the budgie bird
That those boys in the "big" ward had?
Oh! Oh! the language they taught him
Well — some of the words weren't so bad.
The budgies jargon was "Gaelic"
Please excuse the pun old pard
Every day that lovable bird travelled the wards,
Visiting each patient a moment to "drop" his
calling card.

Albert Johnson from ward seven
Who hadn't a chance — they tell
Thanks to dear old Camsell's staff
He was there like the rest o' the grandads, healthy,
happy and well.

Walter Reynolds was there from God knows where
A mighty sick lad I recall
Yet he looked like a football hero last night
Dancing straight and tall.

There were Bert's and Doug's and the rest of the
thugs,
A whilin' away their time,
It looked like rest period away back when
For the things they got away with — could lawfully
be labelled a crime.

We talked of a kid from the Arctic
Donald, I think was his name,
He'd received third degree burns in a fire
An Eskimo boy of great fame.
He'd saved the life of his sister
By shielding her from the flame,
Offering his own young body as a shield
But he'd never again look the same.

Oh! God, when you look back thirty years
At those boys who were there last night
They'd gone to defend their country
But came back with damn little fight.

Some spent a few years in Stalag 8B
Where they picked up the TB bug,
Came home to peace after D-Day
But someone had pulled the rug.

Those years of thirty-odd had passed
They re-united for a week-end's fun,
Talked of the splendid care they'd received
Wondering where this had all begun.

Most of them now are grandparents
They had found their mate — and wed,
I remember thirty years ago
Many wished then — they were dead.

Life is a wonderful thing boys
With those lovely wives you chose,
Tho' there's plenty of thorny patches
You'll always find that beautiful rose.

This week-end's grand reunion
Will remain in our minds for aye,
Bless the ones that brought forth the idea
Of meeting again for a day.

My! My! I could ramble on and on
It filled my heart with such joy,
I was only one mother of many others
We know the dedication of Camsell saved the lives
of "our" boy.

Our boys who volunteered for war
At one dollar and ten cents a day,
This week-end leaves memories and dreams
Which never can be taken away.

Written at 5:00 a.m., May 20, 1979. DBJ

The Picnic — 1980

After considerable pressure from staff members of the 'old Camsell' who had not qualified for the 1946-1952 era, the original committee once again began planning another reunion. This time only a picnic was to be held but, again, Coronation Park was to be the site.

Good fortune deserted us. With rain pouring down we had an indoor picnic at the Coronation Arena on Sunday afternoon, August 24. Laura



The reunion picnic, August 24, 1980. From L. to R.: Beatrice Mellor, Janet (Day) Rogers, Irene Bremner, Eileen Hamilton.

Lissack welcomed everyone and ensured that their name appeared in the Guest Book. Nick Kirillo and Bud LeClair braved the cold and barbecued the hamburgers in the shelter of the building. Those of us from the city brought much of the food, which Marie Collar and her assistants served buffet style.

In spite of the weather, over one hundred staff and

former patients thoroughly enjoyed the afternoon. Many more had planned to attend.

Money left over from the reunion and picnic has been accruing interest and has provided a small fund to help with some of the initial costs in getting this history book underway.

Outreach

The Field Surveys and the Radiographic Department 1946-1966

by Don Harkness

Employed September 1946 and was in charge of X-ray surveys; March 1947 in charge of the X-ray Department and surveys. Transferred to Foothills Region in 1964. Retired 1978. Living in Kelowna, B.C.

The twenty-year period between 1946 and 1966 has been chosen to highlight some of the happenings that occurred within the X-ray Department and in the conducting of X-ray field surveys. It was during this time that tuberculosis was ravaging the Indian and Inuit population and anti-tuberculous drugs were first introduced. Many people associated with the hospital played an important role in the diagnosis, treatment and prevention of tuberculosis.

The X-ray Unit was often described as the right arm of the TB control. It was the chest X-ray that first identified those people who had active TB, or were suspected of having it, and that allowed the medical diagnostician to make a decision regarding the need to admit a person for treatment.

In 1946 the staff in the Charles Camsell X-ray Department consisted of two technicians, Ed Tucker and Don Harkness, and one clerk, Miss Eileen Kerr. The department had one 200 milliamp X-ray unit and one portable unit. Due to the type of patients being admitted to the Charles Camsell Hospital the X-ray Department was kept very busy carrying out various diagnostic procedures, not only in the field of tuberculosis but also in general radiography.

There were many people who were directly or indirectly involved in the treatment of tuberculosis who probably were not given the recognition they deserved. Yet these staff members were totally dedicated to the eradication of the disease among the Indian and Inuit people. They worked many, many long hours and, in some instances, suffered breakdowns of their own health. Some of the people who were giants in the field of TB control were:

Dr. Lynn Falconer, Regional Director, Foothills Region and Medical Superintendent

Dr. Herbert Meltzer, Medical Director and Thoracic Surgeon

Dr. Matt Matas, Assistant Medical Superintendent and Superintendent

Dr. Tom Orford, Tuberculosis Control Officer and Medical Superintendent

Dr. Gordon Gray, Orthopedic Surgeon and Medical Superintendent

Dr. Frank Porth, Medical Officer

Dr. Nicholas Zalesky, Medical Officer

Miss Elva Taylor, Director of Nursing

Miss Margaret Cogill, Assistant Director of Nursing

Within the X-ray Department:

Mr. Don Harkness, Chief X-ray Technician and Survey Coordinator

X-ray Technicians: Martin Goodall, George Berg, Barbara Sherwood, D'Arcy Lidstone, Norman Harper, Leo Stec.

It is interesting to note that most of these people stayed with Medical Services for twenty years or more.

Approximately six months after the opening of the X-ray Department, Ed Tucker moved to the United States and Don Harkness was promoted to Chief Technician. George Berg, an orderly at the hospital, had some experience in taking X-rays at the Dawson City Hospital, and applied for the second technician position. Mr. Harkness initially was reluctant to employ him primarily because of his lack of knowledge but as it was not possible to recruit a qualified technician, Mr. Berg was hired on a temporary basis. This turned out to be a very fortunate circumstance as George was, over the years, a very dedicated and valuable member of the department. His contribution to the overall program cannot be over-stated. He was a professional photographer and contributed greatly to the establishment of a medical film library at the hospital and also took many photo-

graphs of the patients to be sent home to their loved ones. He was loved by everyone. His death in 1978 saddened all who knew him, both as an individual and as an employee.

It soon was recognized that if Medical Services was going to bring tuberculosis under control it would take more than just sitting back and waiting for the patients to present themselves for treatment. A program had to be established whereby we would go into the field and identify those who were spreading the disease at home. It was essential that an early diagnosis be made in order to give the affected persons a fighting chance for survival.

As a result of a meeting convened in the late summer of 1947, the medical superintendent turned over the responsibility for TB control to the chief X-ray technician. He was to establish a mobile unit that would be capable of travelling anywhere in Alberta to carry out X-ray surveys on the Indian reserves. We were fortunate to receive, from the Department of Veterans Affairs, an old American Army ambulance and a portable X-ray unit which had been acquired in the take-over of the American Air Force hospital in Edmonton. The accessories necessary to assist in carrying out X-rays were borrowed from various departments and some of the equipment was manufactured by our maintenance department. Although the equipment was not the best, it was adequate to allow X-ray personnel to conduct a reasonable survey until sufficient funds were provided to buy more up-to-date equipment.



X-ray survey team setting up equipment, ca. 1950.

In order to carry out surveys as well as maintain services at the hospital, it was necessary to increase our technical staff. Miss Barbara Sherwood transferred to the Camsell from Fort Norman where she had been employed by Indian Health Services at the nursing station. Prior to her transfer to Edmonton Miss Sherwood had spent very little time in a large

urban centre. It was rather amazing to other staff members to observe that when the phone rang, not only would she jump in surprise, but she was very reluctant to answer. She was quite apprehensive about stepping outside the department as there were probably more people in the hallway at any given time than she would meet in a whole day's experience at Fort Norman. However, it wasn't long before Barbara adjusted to her new environment and was able to give as much as she received, especially in regard to playing pranks on the other members of staff.

The fifth new member of the X-ray Department was Mr. Martin Goodall who came from the University Hospital. Mr. Goodall not only brought with him a wealth of experience in the field of radiography, but also was a very dedicated employee and a man of high integrity. His untimely death, shortly after retirement, was a shock to all those who knew him.

The next to arrive in the department was Mr. D'Arcy Lidstone who transferred from the pharmacy to assist with the X-ray surveys. Mr. Lidstone also proved to be a very valuable employee, both in the X-ray Department and as a field survey technician. He kept the other members of the staff on their toes as he delighted in playing practical jokes on his colleagues.

The X-ray Department was blessed with the quality of technician who came to the hospital. Each person had a distinct personality, yet formed very close bonds with one another which contributed to our objective of eradicating tuberculosis in our area.

The first X-ray survey was carried out on the Hobbema Reserve in September 1947. The date and location of the survey was negotiated with the Indian Affairs Branch and the Indians of the reserve had been notified. The technician left Edmonton with a great deal of zeal and ambition. The zeal was soon destroyed as it became very clear that the Indians did not welcome his presence on the reserve. The X-rays were to be taken on the second floor of the Indian agent's building. As the equipment was very cumbersome, the technician requested assistance to lift it from the truck and carry it to the second floor. This request was completely ignored. After a great deal of struggle, the technician finally got the equipment in place with approximately seventy-five people, most of them young, observing. When he was ready he approached the people to come and have their chest X-rays. They all refused! For the next two and a half hours the technician stood on one side of the hall while the large number of Indian people stood on the other side staring at him. It was obvious that this survey was going to be a complete failure and, at four o'clock in the afternoon, the technician proceeded to dismantle the equipment and pack it down the stairs.

As soon as the equipment was in the truck, a spokesman for the Indians walked up and said that they had changed their minds. They were now prepared to have their X-rays taken! You can well imagine what went on in the mind of the technician. It took all of his self-control not to tell them where to go. However, he agreed that, if they would unload the equipment and carry it back up to the second floor, and on completion of the survey, carry it back and load it onto the truck, he would do the X-rays. An agreement was reached. The technician worked until nine o'clock that evening and X-rayed approximately 350 people. The result was that nine active cases of TB were found. Even though it was a very frustrating first experience, it was a worthwhile effort. A year later a person who had been a spectator told the technician that the problem had been caused by one or two troublemakers. That survey was the first of many to be conducted at Hobbema and as a result tuberculosis was almost eliminated on the reserve.

The second X-ray survey was to take place at the Blood Reserve in December 1947. With temperatures dipping to forty-five degrees below zero Fahrenheit, it was an icy trip for the two technicians, Don Harkness and George Berg, who were travelling in the American ambulance. Suddenly there was a loss of power to the motor and brakes. The driver of the van looked out a side window and, much to his amazement, saw a wheel flying by! His first thought was, "This is ridiculous, jackrabbits are not this large". He then realized that the rear axle had broken, the wheel had come off and was proceeding past the van faster than the speed of the van. Approximately two hours later a carload of Indians came along, were flagged down and asked to notify the local garage at Cardston to come out with a truck to tow the van to town for repairs. The survey had to be cancelled and the van was left in Cardston. The two technicians travelled home by bus returning at a later date to pick up the van. This was the last of the surveys for 1947.

During the winter of 1947 the staff of the Charles

Camsell Hospital had an opportunity to verify a 'virgin birth'. A female patient had been admitted to the hospital with far advanced active tuberculosis and was confined to complete bedrest. After having been in hospital for approximately sixteen months she gave birth to a healthy baby girl. This episode could not help but eliminate any doubt the staff may have had about "immaculate conception".

In the winter of 1947 funds were made available to purchase a new X-ray unit manufactured by Picker X-ray, a 70 mm machine designed to do mass surveys. The principle on which the unit was designed was to have the patient fluoroscoped, then a camera would take a photograph of the fluoroscopic image. The camera contained a 70 mm roll of X-ray film and would allow a technician to take approximately four hundred and fifty X-rays per roll, thus eliminating the need to set up a darkroom to change the film after individual X-rays. This allowed us to X-ray up to one thousand persons in one day.

The first X-ray survey in 1948 was carried out in the spring at the Blackfoot Indian Reserve. We had been notified by the Indian agent that large sums of money would be paid to each individual on the reserve and that we should take advantage of the expected large turnout.

The Blackfoot Band was one of the more prosperous bands in the country at that time. Part of their wealth was accumulated by revenue generated from the coalfields on the reserve, the lease of farm land to non-natives and revenue from agricultural products. Some of the accumulated revenue had been used to negotiate a contract with Pat Burns, who agreed to provide one pound of meat per person per day at a fairly reasonable price. During World War II the Blackfoot Reserve had given up their meat as part of their contribution to the war effort. However, in 1948, as per agreement, they were reimbursed a certain amount of money per pound for every pound that they had missed during the war years. You can imagine the amount of money that was available during the two days of the survey. To ensure that everyone had a chest X-ray, the Indian agent had agreed that no money would be paid until the individual had been X-rayed. This agreement caused a great deal of antagonism toward the technicians. Everyone was anxious to receive his or her portion of the money and all demanded to be the first one X-rayed, which resulted in a near riot. General Custer's last stand was nearly re-enacted. Eventually a compromise was reached. It was agreed that the head of the household would be X-rayed first and allowed to collect all the money owing to the family, provided that the wife and children would be X-rayed. In the two-day period that this survey was conducted over



fourteen hundred people were X-rayed. This was just about 100 percent of the population at that time. Although it may not have been entirely ethical to use the Indian's own money as a bribe, at the time, the end seemed to justify the means.

The large number of cases of tuberculosis that were still being found by surveys or by field staff was alarming. We realized that if we were to make a dent in the incidence of TB among the native people it would be necessary to cover more of the territory in a year than we had in the past. In order to do this we had to increase our staff and procure additional X-ray equipment. We hired part-time help during the summer months which allowed us to do a minimum of four surveys at one time. Don Harkness, the survey coordinator, met with officials of the medical staff at the University of Alberta and an agreement was reached which enabled the hospital to employ pre-med students after their first year of university. Students who demonstrated their suitability during their first summer were guaranteed a job throughout their years of study. In some instances room and board was provided in hospital residences in exchange for after-hours emergency coverage in the X-ray Department and Laboratory.

It is very gratifying to note the number of young men who were employed by the X-ray Department of the Charles Camsell Hospital who have made a success of their lives. Some of the students were: Peter Barton, M.D., Lynn Bell, Business Administration, Bill Castor, M.D., F.R.C.P. (C), D & T Rad., Frank Dallison, M.D., Dave Falconer, Business Administration, Bob Gardner, Psychologist, Ph.D., John Gort, M.D., Jim Guild, Dentist, John Guild, Business Administration, Gordon Guild, M.D., Bob Harkness, B.A. — Economics, Business Admin-



Some of the University students who were trained as X-ray survey technicians, L. to R.: Bohdan Marynowski, Brian Horne, Peter Barton, Lynn Bell, Dan Thachuk, Gordon Guild.



Ready for the survey, 1950. L. to R.: H. L. 'Sparky' Eskelson, Martin Goodall, George Berg, Hank Buchanan, Don Harkness. (Credit: Health and Welfare, Public Archives of Canada, PA-139534).

istration, Terry Horne, Dentist, B.Sc.M., D.D.S., Brian Horne, Engineer, B.Sc. Eng., P.Eng., H. Holly, M.D., Jim Hogg, M.D., John Low, M.D., F.R.C.P.(C), Neur., Bohdan Marynowski, M.D. Neur., Richard Matas, M.D., Dan Thachuk, Lawyer, Bob Stone, Engineer, Lloyd Wilcox, B.A., K. Witherspoon, M.D.

Early diagnosis is of prime importance in the control of tuberculosis. It was very important, therefore, to continue the battle throughout the reserves of Alberta. X-ray surveys were carried out on an annual basis for many years and, where there was a high incidence of the disease, surveys were done two or three times each year.

In the early 1950's the X-ray surveys were extended to the Yukon, which, at that time, had a population of approximately eleven to twelve thousand people, excluding military personnel. Of this number, two thousand were Indians.



X-ray Clinic at Ross River, Yukon, 1950.

On the first trip, the radiator of the van sprang a leak which brought our vehicle to a halt somewhere

between two army maintenance camps (working on the Alaska Highway). Eventually a military truck came by and agreed to tow our van fifteen miles to the nearest camp. The driver of the military vehicle connected a fifty foot chain to both trucks and proceeded to drive down the highway not realizing that the dust created by his vehicle reduced visibility and created a new hazard. The X-ray technician, sitting behind the wheel of the van, was completely blinded and was not able to detect whether the truck pulling the van was going to stop or make a turn around one of the hair raising bends. Needless to say, when they arrived at the camp the technicians gave a great sigh of relief.

Another hair raising incident which occurred was on the razorback, the high ridge over which you had to travel to get into Dawson City. Halfway down the steep incline the brakes of the X-ray van failed and if it hadn't been for their guardian angel, it is quite certain that the truck and both technicians would have received very serious injuries.

X-ray surveys were carried out every year in the Yukon. Yet we still did not seem to make any impact on the incidence of tuberculosis. It was decided that an all-out concerted effort would have to be made to try to have every person in the Yukon have a chest X-ray, tuberculin test, sputum test or, in some instances, all three examinations. This particular survey was named "Operation Doorstep". Many hundreds of volunteers were solicited to help reach the entire population. As a result of the great effort by everyone concerned, over seventeen thousand people were examined. The end result was that a large number of TB cases and other lung diseases were identified. In retrospect, it was this particular survey that broke the back of tuberculosis in the Yukon.



X-ray survey party crossing Fort Nelson River, 1950.

The third, and last, area where tuberculosis was rampant was among the Inuit people in the Western Arctic. Although the incidence of TB was very high among the Inuit people, bringing the disease under

control was more easily accomplished because it was during the 1950's that additional anti-tuberculosis drugs were introduced.

The first X-ray survey for the Inuit people occurred in 1950. It was accomplished by travelling down the Mackenzie River to Aklavik and Tuktoyaktuk and on to Paulatuk and Sachs Harbour. Although this survey could not be classed as a huge success, it did allow the opportunity to appreciate the climatic and environmental conditions under which our technicians would have to work in the Western Arctic.

The first attempt to carry out a mass X-ray survey in the Western Arctic was in the early spring of 1953. Dr. Axel Laurent-Christensen and two technicians, George Berg and "Sparky" Eskelson, were responsible for this challenging project. A large RCAF plane carried most of the equipment and supplies plus some rations for the Inuit and the dog teams. As Cambridge Bay was the only northern post where large planes could land on wheels, we set up our base camp in this community. Access to the other posts was gained using a ski-equipped Norseman which was a much smaller plane and carried far less weight. This survey was completed in just over two weeks and included the Inuit communities of: Coppermine, Read and Holman Islands, Cambridge Bay, Bathurst Inlet, Perry River, Gjoa Haven and the Spence and Pelly Bay areas.



George Berg with Eskimo boy outside igloo at Cambridge Bay, N.W.T.

Nine hundred and twenty-seven Inuit and twenty-five non-natives were X-rayed. The number would have been larger except we were advised that death and distemper among the dogs prevented some of the people from reaching the posts in time. In some instances they arrived after the survey party had departed. Seventy patients were brought out for hospital care; of these, forty-eight were admitted to the Charles Camsell Hospital and twenty-two were admitted to St. Ann's Hospital at Fort Smith. This X-



ray survey would not have been a success had it not been for the cooperation of the RCMP, Hudson's Bay and other traders, missionaries and the Department of Transport employees who willingly gave their time and effort.

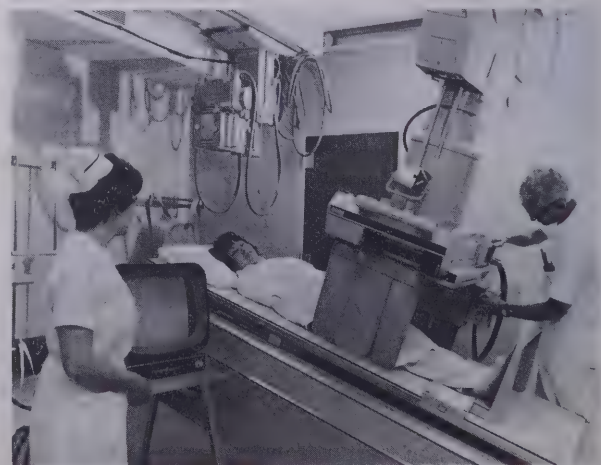
The survey was carried out under severe stress and hardship. There were no hotels or restaurants at that time, nor suitable facilities in which to do the survey. The X-ray crew slept in sleeping bags on the floor of either the church or the Hudson's Bay store which is where they also set up their equipment. They cooked their own food which had been brought with them. In carrying out the survey they had to improvise at every site. To develop X-ray films it was necessary to create a darkroom, melt the snow for water and heat it to the proper temperature. Films were developed on site in order to make an immediate provisional diagnosis which would enable people with suspected active TB to be congregated at Cambridge Bay then evacuated by the RCAF to Edmonton.

On one of the early Western Arctic flights the X-ray crew working at Bathurst Inlet had an interesting experience. A message had come through that approximately thirty-five Inuit adults and children were at Back River which was south of our location. The message stated that there was sickness in this group. We advised the pilot that we wanted to make a trip to locate these people and have them medically examined in the event that some of them would have to be evacuated. The party consisted of a doctor, one X-ray technician and his equipment, one interpreter and the RCMP. We had to leave immediately in order to return to Bathurst Inlet before nightfall. The temperature was fifty-five below zero F. with a windchill factor of eighty-four below. The pilot flew his single engine Norseman approximately thirty minutes south of Bathurst and swung east to the approximate

area where the families were camping. Before we were able to locate them a whiteout developed and the pilot decided to land as quickly as possible in order to avoid any danger of having to attempt a forced landing. Fortunately for us, our interpreter was Ernie Lyall, a well known hunter, guide and interpreter for the Western Inuit population as well as for the RCMP. He and the RCMP made an igloo for us to sleep in overnight. Had we stayed in the metal aircraft under such severe climatic conditions we surely would have frozen to death. The next morning when we awoke the sun was shining and not more than two hundred yards away from our aircraft were the families for whom we were looking! The doctor examined the people and some chest X-rays were taken. Three of these people were advised to report to the nurse at Bathurst Inlet for further examination and, if necessary, for evacuation south.

The battle against tuberculosis raged on for many years throughout the Western Arctic. The X-ray crew experienced blown tires, punctured pontoons, a lost motor, cracked wings, inexperienced pilots, and terrible weather conditions while flying from one community to another. There were numerous occasions when we skirted death, but the good Lord travelled with us on our flights.

In a review of the years between 1946 and 1966, great changes had taken place; huge inroads had been made into bringing tuberculosis under control. When one remembers that in the early 1950's there were over one thousand native people with tuberculosis occupying beds in mission hospitals in the Northwest Territories and the Charles Camsell in Edmonton, and that the mortality rates were high, it is marvellous to have witnessed the reduction of the death rate to practically zero within twenty years.



Martin Goodall performing X-ray scan on unidentified patient in modern Radiology Department of new Charles Camsell Hospital. Janelle Gidman, R.N. at left.

In the 1960's plans were underway to replace the old Charles Camsell Hospital with a modern facility that would take care of the health needs not only of the native people but also the non-native population within the Camsell Hospital area. The doors of the new hospital were opened in 1967 and it was agreed by all who were in attendance that it was a fine modern facility offering services equal to, if not better than, any other hospital in Edmonton at that time.

Reflecting back on the first X-ray that was taken in the X-ray Department of the old Charles Camsell Hospital to the last chest X-ray that was taken out in the field, one can only stand with pride and envision the people who played a part in overcoming the tuberculosis epidemic. I can honestly repeat the statement that St. Paul made:

I have fought a good fight
I have finished my course
I have kept the faith
God Bless!

Addendum: ,

The Radiology Department 1967-Present

With the move to the new hospital in 1967, the Radiology Department was under the direction of Martin Goodall, Chief Technologist, and Dr. Clarence E. Holmes, Radiologist. There were three radiography rooms. That year 9,929 radiography examinations were performed.

As the workload increased or when he was away, Dr. Holmes called upon a number of his associates to assist with the interpretation of X-rays. Through the 70's the changes in the patient population necessitated expansion of the department. In 1978 the ultrasound service was added which enabled patients to have ultrasound examinations done at the Camsell.

Martin Goodall retired in May 1973. He passed away in 1978. Paul Lange was appointed Director of Radiology in 1973, a position he still holds today. The Chief Radiologist is Dr. Barry L. Caplan. In 1984 there were six radiography rooms and a total of 36,464 examinations were performed. Further activity is expected in 1985 when the Nuclear Medicine Service Department becomes operational.

Building Bridges by Rita (Murphy) Morin

Employed as public health nurse, July 15, 1948-February 1951; casual general duty from 1957-1963 at the Camsell. Was the first nurse to be employed in the position of liaison between the hospital and all the reserves and Indian

communities in Alberta. Developed a special TB follow-up program which entailed school and home visits on all reserves, as well as travelling with the X-ray survey party in the summer. Is now retired and living in Gunn, Alberta.

Having returned safely in 1946 from overseas duty with the RCAMC, I enrolled at McGill University and received my degree in Public Health Nursing in 1948. I applied and was accepted for the position of TB Control Nurse, Indian Health Services, Department of National Health and Welfare, to be stationed at the Charles Camsell Indian Hospital and to work in the Province of Alberta. I arrived at the hospital in July 1948 where several weeks were spent on orientation under the guidance of Dr. Herbert Meltzer, the Medical Director. This included case finding and follow-up treatment for tuberculosis, a very serious disease among Indians and Eskimos at that time. I also had to become familiar with the culture and life-style of the Indians. One important difference is our concept of time. We live by the clock and the calendar; they do not have this concern.

In Alberta there were four small hospitals and three nursing stations, each serving several reservations, to take care of emergencies, active treatment, immunization, pre and post-natal teaching, basic nutrition and aspects of social services. The nurses could not cope adequately with their regular duties as well as with the added tuberculosis problem. It was recognized that if this problem were to be improved, someone would be required to work full-time on case finding, control and rehabilitation to augment the work being done by the X-ray survey team. This was my job. I was responsible for doing follow-up on the results of X-rays taken during the surveys, ensuring that re-X-rays were done for doubtful cases, visiting homes in order to get to the source of the problem, providing health instruction to the Indians, and helping to build an understanding about the Camsell Hospital.



Examining the X-ray equipment, ca. 1950.

The mobile X-ray surveys, under the direction of Don Harkness, were carried out by staff of the X-ray Department of the Camsell and provided a good opportunity for medical examination, as well as chest X-rays. The surveys were usually done in conjunction with the annual payment of treaty money as that was when we found the largest congregation of Indians at one time and place. Many cases of tuberculosis found by chest X-rays required follow-up and hospitalization, not only for the patient's sake, but to prevent the spread of the disease. Many patients were admitted to the hospital in the advanced stages and died. This gave the hospital a bad reputation among the Indian people as it appeared to them as a place to go to die. A great deal of teaching and understanding was required to overcome this image. The treatment of tuberculosis at that time was long term, never less than one year and often three or four. Gradually the patients who were successfully treated returned home and the reputation of the hospital improved.

My first major challenge was to build a good liaison between the Indians, the nurse and the hospital. There was not only a language barrier, but ignorance, distrust, indifference and, occasionally, arrogance to overcome. Conditions and attitudes on the reserves varied greatly depending on living standards, availability of resources, and access to education. Old superstitions were still in evidence and medicine charms were frequently used in conjunction with white man's medicine. Trying to persuade parents to send their children who were suffering from tuberculosis, to hospital, was futile. You also knew that you were not going to convince an elderly grandparent to come from the warm bed behind the stove to be taken to the hospital. Their last days would be spent with children and grandchildren who would share the warmth and also be infected with their share of germs.

My first visit to the various bands was to get acquainted, to start to build bridges of understanding and to assess living conditions. The "treaty book" was a great help for identification, as all the Indian families and their members were recorded, including grandparents and children, adopted and illegitimate. This roster was subject to change with each visit, so I had to keep a sharp pencil to record changes. As it was imperative that I prepare myself with information about the patients from the areas I would be visiting, I talked to patients in the hospital, about their homes, families and friends. I obtained current medical information from their doctors. I delivered these messages to their families, and in turn took back messages to them. This was sincerely appreciated. A good rapport with the Indian people on the reserve made my job much easier and, as trust grew,

so did acceptance of health education, treatment, admission to hospital, and permission for surgery, which was often hard to get. Eventually on every field trip I made, I was able to escort patients home and, on the return trip, bring a friend or relative to the hospital for treatment.

Although I was based at the Camsell Hospital, two-thirds of my time was spent travelling. There were hours of driving over treacherous roads, with the occasional problem of being stranded without help, especially in winter. The mode of travel varied and included car, plane, train, 'speeder', row-boat, team and wagon, and dog team. Each visit brought something different and we never knew what to expect.



Rita Morin setting off by team and wagon.

In February 1949, I visited the Janvier Band, a small isolated group of about two hundred members located in northern Alberta. Accompanied by the Indian agents, Mr. E. Robertson from Edmonton and Mr. Jack Stewart of Fort Chipewyan, we travelled from Edmonton to Chard, located between Lac La Biche and Waterways, by the Northern Alberta Railway. The train arrived at 2:00 a.m. and Mr. Frank Raboud, the band manager and storekeeper from the Janvier Band, met us with horse and sleigh. It was a ten mile trip to the reserve, and we arrived around 7:00 a.m., had a hearty breakfast, a few hours of sleep and then went to work. My transportation around the reserve to make home visits was by dog team, with an eighteen year old native as interpreter and driver. Following church on Sunday, I met people at the small house where the two Catholic priests lived. A large number of people came to be examined as well as to inquire about friends and relatives who were patients in the Camsell. Later I was invited to attend a meeting being held by the chief and men from the band. Here I arranged for people with suspect chest X-rays to go to Lac La Biche for a follow-up examination. Four individuals were to meet us at Chard on the following Friday to be

admitted to the Charles Camsell for treatment. I was interested in seeing a patient who, on the previous X-ray survey, had been found to have far advanced tuberculosis. Her family told us she was at Mile 224 or Cheecham, a railway stop between Chard and Fort McMurray. As we were on our way to McMurray, I was able to stop at Mile 224 and try to persuade her to come back to Edmonton with us on our homeward trip. The train crew was a great help in this case as they stopped the train near a couple of cabins at Cheecham, which allowed me a few minutes to talk to her. I explained what she should do, but had to leave without a promise of action. The following Friday when we stopped at Chard to pick up the patients we were surprised to find that the first one on board was our lady from Cheecham. It was a long hard return trip as I had collected three other people for the Lac La Biche Hospital, a four year old child and a baby with a double harelip who had to be fed and cared for with limited equipment. At Fort McMurray, I made a side trip by plane to visit the band at Fort McKay with Mr. Edgar T. Jones, a well known bush pilot, wildlife photographer and now a recognized artist of wildlife, at the controls. The temperature that day was minus forty degrees. One of my visits was to see a woman who was dying from pulmonary tuberculosis. I arranged for her care at home and left extra rations for her family. There was nothing else I could do for her.



Desmarais, a reserve located northeast of Lesser Slave Lake, was a settlement I visited by plane, dog sleigh and team and wagon, depending on the season. In 1949 Dr. W. Bryk, George Berg and I were the first medical team to arrive by the winter road which had been set up to accommodate oil equipment and trucks. On this particular trip we found that the only trained nurse at the hospital, Sister Denise D'Alexandria, was in McClennan undergoing sur-

gery. Left in charge were two teachers doing their best to care for two patients with pneumonia. Dr. Bryk prescribed penicillin and I instructed the sisters how to give medications and injections. Also in the hospital, isolated on the second floor, was a woman with advanced tuberculosis. She died during the night and I assisted with the preparation of the body, cleaned up the room and disposed of all the contaminated material. That day I organized an all-day clinic and we saw approximately seventy-five people for various health reasons. We also X-rayed a number of them. After dinner I visited the residential school and advised the sisters on the treatment of an outbreak of scabies among the students. Thus ended a "typical" visit.

A trip out of the province to Norman Wells in the Northwest Territories had its moments as well. We picked up a baby for admission to the Camsell, and found that the bundle contained a baby and formula, but no diapers. The flannelette blanket served two purposes but by the time we reached Edmonton both baby and I were pretty soggy. Perhaps it was just as well I had something to keep my mind off the very bad weather in which we were flying. There was a blizzard outside and the flight was very difficult and rough. We landed with zero visibility and found we were the last plane in for the next two days. It was a scary experience.

A trip up the Peace River from Fort Vermilion to a small settlement was interesting. The skipper, X-ray crew, Dr. Paul Harvey, Mr. 'Bud' Knapp, the Indian agent and I travelled by two flat bottomed boats, and then by wagon to Fort Vermilion where we waited two days for a plane to take us to Wabasca. Due to the load we carried (X-ray equipment, supplies and extra fuel) the pilot had some difficulty getting airborne and then flew so low we could see the hummocks on the muskeg. I was as green as the ground when we arrived!

In December 1950 a measles epidemic broke out among the Indians and Eskimos living in the Mackenzie River Delta. On January 22, 1950 Dr. Paul Harvey, nurses Ruth Fadum, Dorothy Chapman and I flew to Aklavik to set up an emergency hospital and treat the patients ill with measles and resulting complications. The plane was a Dakota from the RCAF Northern Command, Edmonton and was meant for transporting supplies, not people. We kept warm by using our sleeping bags. We ate frozen sandwiches.

A great deal of credit goes to the local townspeople in Aklavik who cared for the patients until we arrived: Mrs. Montgomery, wife of Canon Montgomery of the Anglican Mission, Mrs. Ken Ward, wife of Dr. Ward, the local doctor, Mrs. Mike Zubko, a nurse and wife of the local pilot, and the

staff from both the Anglican and Roman Catholic Missions. The patients were being treated in the schoolhouse and the hotel. These buildings were too far apart for convenience and safety, so with the help of the RCMP and volunteers, we moved patients by dog sled from the hotel to the community hall, which was next door to the school. In order to help match the patient's identity and diagnosis, I wrote their names on their chests with ballpoint pen. In this way there was no mistake as to who was who, as they settled into their new quarters.

We soon had things organized with lots of volunteer help. Abraham Okpik, an ex-patient from the Camsell, was our interpreter and Jim Jones was in charge of supplies and the cooking. It was a miracle that over three hundred meals a day were prepared and served from an ordinary kitchen stove. (Abraham Okpik was the first Eskimo to be appointed a member of the Council of the Northwest Territories, October 19, 1965.)

The laundry was being done by the personnel of the Anglican Mission School when we arrived, but we set up a make-shift laundry in a storeroom in the administration building and hired two native women for 25¢ per hour to help us.

For the first several days I was kept busy running from one building to another to ensure that our emergency hospital was operating smoothly. I was delegated to go up the delta to bring in several patients who needed transportation to the hospital. We travelled by bombardier which is a tracked vehicle built for winter travel. Mr. Roberts, a local merchant, was the driver and the interpreter was a native called Stefanson, a direct descendant of an early Arctic explorer of the area. We collected fifteen people which caused us to return later than our expected time of arrival. This had worried everyone at the base and they were about to dispatch a search party.

After a month, the emergency abated and Dr. Harvey and the two nurses returned to Edmonton. I was left to clean up and to return all the equipment to the local people. At the end of February I flew back to Edmonton and my regular job.

Summary

Public health nursing and hospital nursing are usually looked on as separate entities. This narrative shows how the two areas complemented one another in the early days of the Charles Camsell Hospital. It was the integration of efforts in both areas that brought about a change of thinking and cooperation in the fight against tuberculosis.

I would like to pay tribute to the Sisters of Providence, the Grey Nuns and the Anglican and Oblate Missionaries who worked in the north. Their faith

and endurance kept them 'afloat' in a most uncompromising environment.

As the rapport between the field nurses and Indians improved, the superintendents of Indian Affairs became more and more aware and concerned for the health of the natives. They arranged for the nurses to meet with the chiefs and councillors to explain the part they could play in interpreting and explaining health matters to their people. With their authority supporting the nurses, the Indians were more receptive to accepting treatment and hospitalization.

After some pressure from field nurses, a social worker, Miss Willa Broderick, was employed in the autumn of 1951 to relieve the nurses of that part of their work and enable them to spend more time on health. Much of the work dovetailed, but with cooperation, good liaison, and mutual respect we were able to stay within the framework of our jobs.

There is no doubt that the total effort of all the staff working in the Charles Camsell Hospital, the research people, the X-ray teams and the field nurses, working under hazardous and sometimes discouraging conditions, contributed to almost eradicating tuberculosis among the native people in Alberta and the north.

Public Health Nursing on the Edmonton Agency

Rena M. Beer

Employed with Indian Health Services, Prince Albert, 1946-48, and with the Edmonton Agency based at the Charles Camsell Hospital, 1948-1952. Employed part-time at the hospital from 1954-1967 in various positions including the Out-Patient Department, evening and night supervisor and pediatric supervisor. Employed full-time from 1967-1983 as staff health nurse. Retired in 1983. Living in Ardrossan, Alberta.

After two years as public health nurse with Indian Health Services at Prince Albert, Saskatchewan, I transferred in 1948 to the Edmonton Agency, with headquarters at the Charles Camsell Hospital. I worked under the direction of Dr. Herbert Meltzer. The atmosphere at the hospital, with him in command, was quite similar to what I was accustomed to in military service — high expectations, mutual trust and good reports required.

The accommodation for staff was excellent. Each unit consisted of four separate sections, three on ground level with a second storey above the centre section. The girls with whom I shared Unit 7C were: Pat Blanchfield, Dr. Meltzer's secretary; Esther Wickencamp, laboratory technologist; and Rita Murphy (later Morin), the TB control nurse. We got along



Rena Beer, Public Health Nurse with Dr. Bryk, Edmonton Agency, ca. 1948-1949.

very well and are still good friends. Our neighbors were Father E. Rheame, the padre, in one wing; four of the housekeeping ladies in the other wing; and, below us, the single doctors and interns. We were one big happy family and when one group had a party, everyone had a party. The motto was "if you can't beat 'em, join 'em." Even Father Rheame joined us occasionally.

I was the first public health nurse for the Edmonton Agency and responsible for eight reserves. There were five situated close to Edmonton: The Alexander Reserve, west of Morinville, Alexis at Glenevis, Paul at Duffield, Enoch near Winterburn and Michel at Calahoo. The other three were more remote: Chard, Fort McKay and Fort McMurray.

The plans for the program included a health survey, immunization, pre and post-natal care, baby clinics, treatment of illness and injuries, and admission to hospital if necessary. A doctor was to work part-time with me and help with the program. It sounded great on paper but failed dismally in practice. The Indian people had never had a visiting doctor and nurse, and felt we were intruders. We had to prove our worth and trust before they would accept us on the reserve, let alone in their homes.

We tried clinics but only a few of the curious came for medicine, minor health problems or an occasional tooth extraction. Health teaching would have to be door to door, following a visit to get



acquainted and to gain their trust and support. Fortunately, each reserve had a nucleus of women who were concerned about the health of their families, especially their children. These women accepted us in their homes, and the program grew from there.

It was unrealistic to ask women to walk from two to five miles, with small children, to attend our clinics so we drove from house to house, by car in the summer and by team and sleigh during the winter. Later, on a few of the reserves, we were offered a small room in the schoolhouse which we could use for the clinics. We were then centrally located and within walking distance for most of the people who wished to see us. Home visits were still important to reach the others. Clinic days were social events as well, as everyone could visit while we worked. We served tea and cookies to the adults and gave jelly beans to the children.

We provided transportation to and from the hospital, and seldom made a trip without a patient. It took a long time for the people to trust us sufficiently to allow us to take a sick baby or a pregnant woman to the hospital. Gradually, as patients returned home well, the pendulum swung the other way. Our patient load increased, especially with pregnancies. I was on-call twenty-four hours a day, seven days a week with most of the calls being for sick children and maternity patients due for delivery. The length of time required to travel was a problem, and there were times when we would deliver the baby in the home, usually on the kitchen table. On one trip we were escorted by the RCMP, and on another the baby was born in the car at the door of the hospital.

I found the Indian midwives most efficient not only in knowing the time to call for help, but also in talking the expectant mother into relaxing and not fighting her labor pains. She would sit in front of the patient, holding her hand and talking softly, and, never in a hurry, she let nature take its course. I learned a great deal from these women.

Immunization was another kettle of fish. The Indian people are very patient with their children, and guide, rather than discipline, interfering in their activities only to protect them from injuries. Immunization was a threat. They were not interested in a 'small hurt' by a needle now to prevent a 'large hurt' later on. One Indian man told me if I had to stick a needle into something to go and "stick it in the horse". The same man gave the dogs the cod liver oil which had been left for the children. When asked why, he said, "the dogs work, the kids don't". After that I left two containers of cod liver oil, one for the dogs and one for the kids.

Immunization programs on the more remote reserves were too difficult to be of much value, especially for the pre-school children. Even going door to door didn't work too well. As soon as they saw me coming they ran into the bush. The parents laughed and said "you catchum, you give him needle". We were not as agile as the children, especially in the bush. These people were very transient as well, and so a series of injections was unrealistic. It was a case of one injection being better than none.

The car we were given to drive was an old Chevrolet, with one hundred thousand miles on it, and it didn't take long to add another one hundred thousand. It was so old and rusted that on its last trip, I became very ill from carbon monoxide when the exhaust pipe fell off and the fumes came up through the floor boards. I asked Mr. Horace Horne, the business manager, for a replacement. After a long discussion, with threat of life or limb if it was damaged, he consented to loan me the new government car which he drove. Of course, on my first trip, the car got hung up on an old low log bridge and had to be towed out of the creek. No damage was done to the car, but Mr. Horne wasn't too happy when I told him what had happened. I soon got a new vehicle.

There were several doctors who visited the reserves. One was Dr. Fedyna, who came to the hospital through the post-war Displaced Persons program. He was a good doctor, but had a slight handicap: a hearing impairment owing to a war injury. The Indian people were suspicious and intolerant of anyone with handicaps and made it known to Dr. Fedyna that they didn't want him treating their children. He returned to hospital work. My next helper was Dr. Wladimir Bryk, who was also from the Displaced Persons program. He was well liked by the natives and an excellent doctor. It was a great loss to the medical team when he went into private practice. Dr. W. A. M. Truesdell transferred from Fort Simpson where he had been the only doctor for over twenty-five years. He enjoyed working with the Indian people. Coming from a small settlement, his experience



Edmonton Agency doctors. L. to R.: Dr. Fedyna, Dr. Tai Whang, Dr. W. Bryk.

in driving in traffic, or on a busy highway, was limited but he was willing to try. We had a few hair-raising experiences with his driving which, on one occasion, caused a serious accident on Highway 16, just west of Edmonton. The road was very slippery due to rain accompanied by freezing conditions. Even though he was proceeding very slowly, the car skidded on a long hill and travelled down like a toboggan, gaining momentum on the way. At the bottom we hit another car head on, even though, when the driver had seen us coming, he had pulled over as far as possible and stopped. On my lap I was holding a baby who was en route for admission to the hospital. When we hit I flew up and cut my head on the sun visor, but the baby was fine, not even a whimper. I stopped a motorist who was going to Edmonton and asked him if he would take the baby to the Camsell, notify the RCMP of the accident, and ask the staff in the admitting office to arrange for a car to pick up the doctor and me. This he graciously agreed to do. The doctor had chest injuries from hitting the steering wheel and was in severe shock. The passengers in the other car were injured by flying glass when their windshield shattered, except for a lady in the back seat who said she was alright. I sent her to the top of the hill to flag down motorists and stop them from sliding down into our cars. I heard the

next day that she was in the hospital with a fractured leg. We both were unaware of this at the time. They sued the hospital (Government of Canada) for damages.

A car and an ambulance arrived to take the injured to hospital and I stayed to explain the accident to the RCMP. I later had my head wound sutured at the Camsell after I had checked to be sure that the baby and Dr. Truesdell had arrived.

Dr. J. Paul Harvey came to us from Fort Norman, N.W.T., where he had spent several years as a medical officer for Indian Affairs and later National Health and Welfare. He was well accepted by the people of the Edmonton Agency. He had spent so much time in the north that I found working with him a very frustrating experience. He was never in a hurry and our working day could be anytime, day or night. As long as there was daylight, Dr. Harvey would keep on working. Being on-call seven days a week and twenty-four hours a day, was very convenient for him. In fact he felt more comfortable with the Indian people than with the rest of us. He later transferred to the Fort Qu'Appelle Indian Hospital in Saskatchewan as the medical director. I am sure he would have preferred to have stayed in the Arctic which he loved.

Dr. Tai Whang, a Korean doctor in Canada to learn about the treatment of tuberculosis for his homeland, came to Camsell as part of his experience. He worked with me to observe the home conditions and contributing factors in the spread and treatment of TB, a disease that was also prevalent in his country. Dr. Whang was an excellent doctor with a happy disposition and good sense of humor. He had a simple way of explaining health problems to the Indian people and had a special knack of persuading mothers to allow us to take their sick children to hospital.

One trip, late at night, was to Glenevis to see a baby. We ran into trouble with the native men. They were camped at the "Narrows", a strip of land between Lac Ste. Anne and Lake Isle, and were having a party. On our arrival, we were met with hostility and told to leave. After explaining the reason for our trip to their reserve, they gave us permission to see the child. We found a small baby, very ill with pneumonia and requiring hospitalization. Dr. Whang explained to the mother the urgency of the situation, which she accepted. She gave us permission to take the baby to the hospital. However the father came before we left and, in no uncertain terms, told us to leave the reserve as he was the baby's father and capable of looking after his family. We tried to explain, but to no avail; he would not listen. He and his wife had a few harsh words and, not wanting to be the cause of a family row, we told them we would wait in the car for fifteen minutes and they could decide the

fate of their baby. Fortunately the mother won the argument. It was a success story for us. The baby went home two weeks later and both parents were grateful. This time the father was sober. I asked Dr. Whang, after we left the reserve, how many men he could have handled if they had become physically abusive. He said "Oh, seven or eight, I suppose, as they were drunk". Dr. Whang was a black belt karate expert and was being very modest. After that I felt quite safe going into uncertain situations with him. He later left Camsell and went to eastern Canada where he settled.

As long as I worked with the Indian people, I never did have a problem that I could not explain to their satisfaction. I learned early in my career not to speak with a "forked tongue", and never to make promises I couldn't keep. Once they came to know and trust us, they had a great deal of respect for the medical and nursing staff, both in the hospital and on the reserves. This gave the staff a great deal of pride in their work and made the long hours more bearable.

In conclusion, I must add that social life at the Camsell involved most of the staff. We worked together and played together. The recreation hall, being centrally located, tended to be our focal point for fun. There was a piano in the hall and Pat Blanchfield could play, with or without sheet music. She, with other staff members who played musical instruments, provided music for sing songs and dances, including square dancing.

I left the Camsell in 1952 to raise a family, returning in 1955 on a part-time basis. In 1967 Miss E. Taylor, director of nursing, offered me a full-time position as staff health nurse, which I accepted. In 1970 the position changed to Public Service Health when an occupational health program was provided for all federal public servants. In 1979 the PSH program at Charles Camsell was discontinued and I again became known as the staff health nurse. On December 1, 1980 the ownership of the hospital changed from the Government of Canada to the Province of Alberta. I transferred to the new management and retired in April 1983.

The Early Days **by Kathleen Dier**

Employed at the Camsell 1947-1948; 1950-1952; 1953-1961. Kathleen A. Dier is an associate professor at the University of Alberta, Faculty of Nursing. She worked at the Yellowknife Red Cross Hospital, and was employed for almost eleven years by Medical Services in Alberta, the Northwest Territories and the Yukon. She was nursing director of the Northern Nurse Practitioner Program at the Uni-

versity of Alberta from 1973 to 1976 and since that time has served on various advisory committees to the program.

Twenty-seven years ago, when Medical Services was known as Indian Health and the Inuit were called Eskimos, I was sent to Cambridge Bay, NWT to open a nursing station. At the time I was employed at the Charles Camsell Indian Hospital in Edmonton, which was solely for the treatment of native patients from Alberta, the Northwest Territories and the Yukon.

Up to this point there had been no nurse in Cambridge Bay. As in many other small settlements in the north, the RCMP took care of the health and welfare needs of the natives. At the Camsell I had been involved in organizing the annual medical orientation course for the RCMP to help them deal with emergencies, including deliveries. Sent off with our blessings and a copy of "Canadian Mother and Child", these men did a truly remarkable job.

But now the influx of laborers working on the construction of the Distant Early Warning (DEW) line meant the RCMP in Cambridge Bay had no time for native health care and a nurse was urgently needed. I was happy to be assigned to this new job and immediately started packing warm clothes.

In those days there were no commercial flights into Cambridge Bay, so I went with the RCAF in a B-119 flying boxcar which was used to service their winter survival school. It was a cavernous affair with a great hollow belly and sling seats around the sides so your back was against the window. Six hours after take off we descended into the settlement, which looked very small indeed.

Cambridge Bay itself consisted of the Hudson's Bay Company, Department of Transport (DOT), the RCMP and the Anglican and Roman Catholic missions, all spaced about a half-mile apart, with the Inuit dwellings scattered around a three-mile radius. The DEW line site was four miles away, a small bump on the horizon, and fortunately the community was off-limits to the laborers so their presence was not disruptive. The population consisted of about 120 Inuit and 12 whites. The RCMP wife and I were the only white women. The number of natives fluctuated as families came and went. Some had taken employment with the DOT or the DEW line and this was having an effect on the traditional migratory nature of the native life.

The shift in lifestyle was reflected in the housing. Those working for the government had small wooden structures or Quonset hut dwellings, the more nomadic types lived in snow houses, while the majority of homes were made from old packing cases



Pearl Morlock, R.N. and Kay Dier, R.N., Cambridge Bay, N.W.T., 1956.

obtained from the DEW line. Some of the latter were insulated with snow blocks but most were simply "snowed under". At first, being unaware of the phenomenon, I was continually tripping over chimneys protruding from the snowbanks. The entrance to the home looked like a giant gopher hole and led into a small passage that you had to negotiate on your hands and knees. It often contained frozen fish, caribou and, occasionally, small puppies huddled there for shelter. A small wooden door led into the house which usually consisted of a single room with one or two sleeping platforms covered with blankets or furs, a small oil stove, a few tin dishes and enamel cups hanging from hooks. There was a container of water, a large pot for making stew and a frying pan for cooking bannock.

My problem was that Ottawa had sent out a form whereby you had to categorize the housing on a scale from one to five. I had no difficulty giving the snow houses top marks because of their excellent biodegradable properties. As they aged they "iced over", causing the roof to drip so they were no longer warm and comfortable. This motivated the residents to seek more suitable quarters. The packing case houses, however, had no such failsafe mechanism. They lacked ventilation and became very cluttered and dirty. I therefore adjusted the government scale in order to give them a negative rating.

Initially home visiting was confusing. The occupants never seemed to be the same as on my previous visit, so I took to numbering the wooden doors in sequence with an old tube of lipstick (starting from what I thought was east to west!) This verified my suspicion that there was a merry-go-round of tenants: when one family went hunting, another took over their abode and anyone coming in from the tundra simply occupied the first available place.

At that time the Inuit had no family names, only two surnames — one English, the other Inuit. Thus Peter Taptit's wife's name was Mary Oguniuk and

their child was Jerry Koogona. In trying to enumerate the population the government had come up with the ingenious system of metal discs stamped with a personal number which most of the people wore on a cord around their neck. This helped to prevent immunizing the same person twice but did not eliminate confusion about who belonged to what family, since adoption was widely practiced among the Inuit. If someone "needed" a son or daughter, the child was given to them. The donor parents themselves would likely adopt someone else's baby the following year. Everyone knew exactly who their real brothers and sisters were; the only person with a problem was the nurse.

When I arrived the Anglican minister was attempting to organize a graveyard, which was not easy, considering the rocky terrain and permafrost. An area on a hill was marked out and wooden caskets were to be buried as deeply as possible, then covered with stones. There were still unmarked graves around the settlement, most of the bodies being enclosed in wooden boxes.

Very few of the Inuit spoke English. A number had completed Grade 1 or 2 at the residential school in Aklavik before homesickness had drawn them back to Cambridge Bay and some who had been patients "outside" had picked up a few words. I was therefore very grateful when Gwen Carter, a native girl who had been trained as a nursing aide in Cam-sell, returned to work at the nursing station, helping to interpret for the people and to explain their customs to me. In fact I was doubly fortunate, for Gwen proved to be good company as well.

The Nursing Station

An old cottage formerly occupied by the RCMP had been designated as the new nursing station. Corporal Jones and his wife Liz had recently moved into new quarters and, for the time being, I lived with them. They exhibited a certain reluctance in showing me my new quarters since, in the interim since their departure, the cottage had been used for cooking fish for the sled dogs. When I entered I understood: the fish had been removed but their memory lingered on.

The house had four rooms and an attic where, for some strange reason, the chemical toilet was installed. The room off the kitchen was the obvious choice for the dispensary, as it contained shelves and a cot. It also housed a large box of Army medical supplies left over from some long-forgotten "Operation Musk-ox". Examination revealed outdated plasma, old dressings and even vials of morphine and strychnine which I promptly disposed of.

Apart from this the house contained a kitchen stove, a water barrel and a set of bunk beds. I imme-

diately sent in a large order for furniture and supplies and set about cleaning up the place. To do this, I employed a local boy name Pete Atigiolyak. He said his name meant "parka" so we affectionately called him "Pete the Parka". Pete didn't care much for cleaning but threw himself enthusiastically into painting, getting more paint on himself than the walls.

A generator supplied electricity quite efficiently as long as no one used too many appliances. The phone system extended only to houses in the settlement; there was no connection to the outside world. DOT operated a radio schedule with neighboring communities but it was not too reliable. Telegrams were the major way of communicating but they had to go through a number of relays which resulted in some rather strange messages being exchanged. The clearest radio reception was "Moscow Mollie", who gave somewhat biased news in flawless English and then played records by Guy Lombardo and His Royal Canadians.

Water was a perennial problem. Pete chopped ice blocks out of the river some distance away and these slowly melted in a barrel by the stove. It takes a lot of ice to make a pitcher of water, so you learn to be very frugal. Liz organized a routine for the police compound whereby we had a bath every two weeks, whether we needed one or not. The ladies went first, then more hot water was added and the men were each allowed their turn. Even after all these years I still occasionally pause to appreciate the miracle of water coming out of a tap.

Another serious problem was lack of transportation. Neither the police nor the nursing station had a vehicle, which meant we had to walk everywhere, and Arctic miles seemed longer than the average. Later, when it became necessary to transport patients to the plane, the DEW line sent their Bombardier over to pick up the sick. When I went on home visits I carried medications and supplies in a packsack and thawed them before use. Even when out socially I always had a few supplies, like aspirins and cough medicine, tucked in my pockets in case I met a client en route, as this would save us both the long, cold trek back to the nursing station.

Gradually, the nursing station took on a pleasant homey atmosphere and the dispensary became orderly and well-stocked. Pete, Gwen and I were pleased with our accomplishments. With every new addition the Inuit would come to marvel and admire. In fact, they were inveterate visitors, dropping in quietly, sitting on the floor and drinking tea. They would tell Gwen the latest gossip, smile a lot at me, then bow and leave again as noiselessly as they had come.

Routine Nursing Care

Even before the nursing station opened, a patient, Hilda Hipogoak, was admitted. She was a very pleasant older lady who had been left to die but had been discovered by an RCMP patrol. She was paraplegic due to a TB lesion of her spine. We bathed and fed her, then sent her out to Edmonton, where her tattoos, complete from face to waist, caused a sensation. She lived for nearly a year at the Camsell where she quite enjoyed her celebrity status.



The "Nanuk Clinic", Cambridge Bay, N.W.T., 1956.

The days were very busy. Influenza was common, as was measles, a disease affecting both adults and children and followed often by pneumonia. Eye conditions and skin and ear infections were common, as well as toothaches, since the Bay Store was well stocked with pop and candy. My first priority, however, was to establish an immunization program including the new polio vaccination. (Unfortunately, measles vaccine was yet to be discovered.) I found the best time to immunize was after church when everyone stopped in at the nursing station to get warm. Gwen and Peter were also excellent in bringing in stragglers who had been hunting and whom they knew "hadn't had their needles yet".

Maternal care caused a bit of a dilemma as it was hard to tell who might be pregnant under the voluminous atigis the women wore. I had to depend on local gossip, as most women considered giving birth a routine happening and not something that should concern the nurse. There were very few births in the settlement, probably because the fertility rate was not high and also many women delivered their babies while travelling. I saw one small premature baby

born on the trail, a little sparrow kept alive by a combination of the mother's loving care and breastfeeding. Today this baby is a "big man" in the north.

Another mother, Mary, had a Caesarian section in the Camsell and returned when the baby was one month old. Shortly after, in the middle of a 42°-below-zero night, I got a call, the baby had diarrhea. It was too late: when I arrived the baby was dead. I thought Mary might have trouble with engorged breasts so I told her to come and see me the next day, but when she arrived she had already solved the problem by nursing her four-year-old son. My heart went out to her when she sadly returned the little nightgown and blanket given to her in hospital. It was as if she knew there would not be another baby, and there never was.

My most unusual maternity case also had a sad ending. "Dead Arm Lucy" had been in labor nearly three days when I was summoned. Her paralyzed arm had been caused, an informant said, "by being dragged by dogs, four babies ago". A number of anxious women were gathered around and the patient was exhausted. After a quick examination I gave her some Demerol and she drifted off to sleep. Two hours later she awoke and instantly delivered a bouncing baby girl.

The next morning Lucy arrived at the nursing station, having walked the three miles with the new baby in her parka, and announced that it was to be named Kathleen Gwen Ekagena. Of course, Gwen and I were delighted with our new godchild. Two days later the baby's father appeared at the door looking uncomfortable. He reported that the baby had "stopped breathing". We rushed to see Lucy who informed us, "yes, the baby was dead and already buried". Gwen and I tried to place a little marker on the grave of our namesake but we were unable to locate the burial site in the drifting snow. I reported the death to the police but after questioning the father, Corporal Jones shook his head: "He had too many girls; it was a case of infanticide."

Emergencies

One or two emergencies remain particularly vivid in my mind. Once I was called to see an older Inuit lady who was obviously having a coronary. Her husband was holding her in a sitting position and gently rocking and crooning to her. Demerol relieved her pain and the couple beseeched me not to "send her outside". I was moved by their obvious devotion to each other. I could picture this lady lying unhappily between sterile sheets in an alien environment far from those she loved, and so I relented, on condition that, after a period of rest, she would follow a strict regimen. She must not go hunting, must not

walk against the wind and must ride on a dog sled if she had to travel any distance. Some months later when a doctor visited he agreed that she should continue on this routine.

One evening a small plane landed directly in front of the nursing station and the pilot delivered a very ill lady from Bathurst Inlet who had apparently been sick all winter. I removed her tattered fur parka and burned it, bathed her and wrapped her in warm blankets. She was very thin and had a racking, productive cough. I tended her all night but just before dawn she died. I notified the police who asked me to sign the death certificate, which I did very tentatively, citing the cause of death as pulmonary tuberculosis with super-imposed pneumonia. The priest then built a coffin and Pete borrowed his father's dog team and the lonely little procession proceeded through the swirling snow to the new graveyard.

One Sunday a rabid dog got loose and terrorized the settlement. Pete joined the posse and, after it was shot, reported that it had only bitten one man, who luckily, had a wooden leg. Soon after, a woman was sent from another settlement who had been bitten and required rabies treatment. With great trepidation I administered the 14 daily injections subcutaneously into the abdomen, watching her all the while for side effects. One night she woke up screaming. I was sure she was rabid and frantically wondered what one did for humans in a case like this. I knew what happened to dogs! It turned out, however, that a cockroach had stowed away in the borrowed RCAF mattress and she had apparently never seen such a thing before. Gwen promptly stomped on the invader, and we all collapsed into gales of laughter.

X-ray Team

The annual X-ray survey from Camsell was conducted at Eastertime when the Inuit gathered for their "rites of spring" to greet the return of the sun. A team of doctors and technicians crisscrossed the Arctic, X-raying and examining the population for tuberculosis and other health problems. A number of active cases were found in Cambridge Bay and I had the difficult task of telling these people that they would have to leave their homes and families for treatment that would probably take two or three years. One man resisted and only consented to go after requesting the police to watch his wife. The man's suspicions were well-founded, for no sooner had his plane left than a neighbor moved in with his wife. That was the sad thing about TB treatment, it really disrupted families. For example, one child returned home after years in the hospital and was unable to remember a word of his own language. His parents were upset because he did not obey them and

eventually he had to be sent away to a residential school; he was unable to fit back in the community.

My real difficulty came as the X-ray team moved along the coast and began sending patients back to Cambridge Bay. At one time we had 14 active TB patients in the nursing station awaiting transportation to Edmonton. Gwen and I tried to set up a system of separate dishes and we kept a pot of caribou stew on the stove for them while Pete made bannock. The patients slept in sleeping bags on the floor and Gwen and I had our double bunk in the bedroom, occasionally shared with babies who would not stop crying until we took them into the security of our sleeping bags. They were so used to being in their mothers' parkas that the sudden wrench into the outside world was terrifying.

I accompanied the X-ray survey party to Perry River, a very small settlement where even the local trader was Inuit. The people were healthy and so prosperous that they owned a large number of commercial fishing boats. These were frozen into the ice so the owners put snow blocks around the cabins and lived comfortably on board all winter. We tried to reach a camp where part of the population was fishing but it was impossible to locate white snow houses against the white landscape. The Inuit in the plane were no help either; they were familiar with the terrain at ground level but once in the air they were as confused as the rest of us.

Getting the patients off to Camsell was an operation of military proportions; everyone had to be ready to board the RCAF flying boxcar the minute it landed on the ice. Each person had a big yellow tag with name, disc number and other particulars filled in at the top and bottom. The bottom part was removed at the Yellowknife hospital where the patients spent the night. The remainder was supposed to remain in place until they reached Camsell, a feat not usually accomplished as the wind kept blowing them away. This of course caused great confusion on their arrival at Camsell, confusion compounded by the fact that in fur parkas it wasn't easy to even sort out the men from the women. For the Inuit the trip south was a bewildering experience but they coped amazingly well.

Culture Shock

For the Inuit, especially those of Pete and Gwen's generation, the years since I left Cambridge Bay have been tragic. I am glad I had the opportunity of catching a glimpse of the old ways before the full impact of the outside world crashed in upon them.

Today nurses in the north face social problems unknown in my time. Community expectations have increased in line with progress in medical technology. The challenge is to try always to improve the

quality of life of those who depend on us, and this nursing is admirably equipped to do. In the end, it is our ability to blend what we know with what these people believe that makes our nursing actions meaningful. The Inuit are a people in transition but they are survivors. They have a long tradition of coping

with adversity, and they will use this stamina to adapt and master their new environment. Nurses working in the north have a unique opportunity to become a part of this progress.

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Comings and Goings

Transportation of Patients

by Max Conaty

Employed April 1946-1958. Wardmaster. With his experience in the Army, Max was responsible for the orderlies, hospital attendants, janitors and also the transportation of patients. In 1958, he transferred to the Purchasing Department, INHS, Foothills Region, where he remained until 1962. He was then appointed Purchasing Agent for the Department of Service & Supply, and in 1964, Purchasing & Stock Control Officer with the Department of Public Works until his retirement in 1974.

The Department of National Health and Welfare was responsible for providing transportation for the native people who required medical treatment at the Charles Camsell Hospital. It is very difficult for a government department to provide such a service without a good idea of the various problems which would be encountered. There was no graphic presentation available to familiarize staff with these problems. And, no doubt, the chief one experienced from Day One was the “communication problem” — the inability of many of the native population to understand the English language, or, of many whites to understand native languages. Therefore, it was difficult to communicate what was to take place, with the travel procedures.

The first evidence of this occurred when patients were taken to catch transportation home. They would still be sitting in the depot after the bus, train or aircraft had departed. We didn’t recognize that they were unable to cope with the size and complexity of facilities in the city. It became necessary to procure the tickets and board the patients on the transport vehicle.

The “communication problem” was forever present when dealing with patients. On one occasion we went to the RCAF terminal (Municipal Airport) to pick up a number of Eskimo patients arriving from the Arctic. The patients were unloaded and the pilot

started counting heads and checking his passenger list. He remarked that there was a total of fourteen patients, but his visual count only produced a total of thirteen. A rather puzzled look came over the pilot’s face. As he turned to check the aircraft, a hushed cry could be heard. One of the ladies gave a couple of twists and a young fellow appeared from under her parka. “Number 14”, shouted the pilot. He regained his composure and his confidence and was all smiles when we loaded the patients and set out for the Camsell. I should imagine he didn’t forget his adventure with Eskimo patients for some time.

On another occasion, we were at the RCAF terminal awaiting the arrival of an American plane bringing in one Indian patient. The plane, a large aircraft, arrived on time. The pilot and co-pilot came down by a rope ladder and let us know that the passenger was in the cargo bay. But, in order for others to get on or off the plane, a power lift was required. An Air Force officer came to our rescue and assigned a lift to get the fellow out. There was a heavy snowstorm in progress and the only way to get the power lift to the plane was to clear a pathway by shovelling. Finally the plane was reached and we got on the aircraft and led the fellow out. No doubt he was a confused individual — no one could explain to him what was happening. If the pilot had not advised us, no one would have known he was aboard. It was a typical case which often occurred — no one could explain to the patient what was going to happen to him. On the other hand, he could not explain who he was nor what troubles he had.

In order to avoid unnecessary problems, all communication regarding patients travelling both en route to the hospital and returning home was sent to departmental representatives in the respective home areas. This procedure avoided situations of patients arriving at their destination unannounced. Patients returning from the hospital were in a somewhat different situation as they knew they were going home, and generally what to expect.



Remy Angivrana from Coppermine, pointing to his home, ca. 1955.

Before a patient was allowed to go home, confirmation that home conditions were in order was received from field representatives. Proper and sufficient clothing was supplied. Patients were given an identity tag to be carried until arriving home. Escorts were provided when necessary. With all the precautions taken, it was thought we had all “angles covered” and our record was very good. However, one small incident was to challenge our reputation.

A male patient was returned to his home in northern Canada. It was winter and the weather was cold. When the plane arrived and the passengers taken off, the patient was shivering. He was in his shirt sleeves with no outer clothes. After receiving a very critical wire from the field staff, we launched an investigation. The discharge staff had handled things correctly — he had been issued a complete set of winter clothing. The driver who had taken him to the airport confirmed that the patient had his outer clothes when he checked in his baggage. That solved the mystery: the patient had checked the outer garments when checking his baggage! When he got off the plane he didn’t have any clothing on hand — it was in the baggage compartment of the aircraft. A simple matter of the “communication problem”.



Eskimo patient, Connie Nelvanna, being admitted to the hospital, December 1952. Orderlies are Joe Villeneuve and George Berg (on steps), Mr. Bell and Ron Ingram. (Credit: Public Archives of Canada, PA-139309).

Many dramatic changes were taking place in the late 1950’s which would have a lasting effect on the natives of the north. New air strips were being constructed, all-weather flights were being introduced, a number of mines were opening in isolated areas, the Department of National Health and Welfare built a number of nursing stations and a hospital was planned for the new townsite of Inuvik. The DEW line was flying laterally along the Arctic Rim. Health service was improving in isolated areas. The dark, cold, mystery edge of the north was gone!

Patient Transportation and Placement Department

by Laura Lissack, R.N.

Introduction

Employed May 1, 1952-October 31, 1970. General duty, head nurse, instructor for student nurse affiliates and, in later years, transportation officer.

I worked as a Registered Nurse at the Charles Camsell Hospital from 1952 until 1970. During that time I worked in a variety of positions including general duty, head nurse and instructor. In 1963, I started work in the Patient Transportation and Placement Department. This department performed a discharge function, unique to the Camsell, and was responsible for all procedures and arrangements in connection with the discharge of all Treaty Indians and Eskimos.

Purpose

The purpose was to ensure that everyone reached home or other destinations safely, in the most economical and efficient manner, in accordance with

their medical condition and physical needs. Due to the vast area covered and the varying needs of the patients, a great variety of procedures were required.

Generally, discharging a patient involved notifying the Discharge Department by the nursing unit concerned. Notification was then sent to personnel at the destination point, the Hospital Vehicle Control Department, the Diet Kitchen and the Pharmacy. The Eye, Ear, Nose and Throat Department and the Dental Department were also alerted and, if necessary, the patient was kept in the hospital until these departments had completed their work.

Transportation

The patients left the hospital by plane, train, bus or car, but some also had to travel by canoe or dog team in the last lap of their journey, before reaching their destination.

The local reserves provided much of their own transportation. The bands from the Hobbema Reserve and Enoch's Band at Winterburn were responsible for picking up their own people. The Duffield and Glenevis Reserve patients travelled mostly by bus. Patients returning to southern or northern Alberta travelled by train or bus, but some families came to get their relatives. Due to lack of roads in north-eastern Alberta, patients had to be flown home. In the earlier days this was done by smaller aircraft, but as the runways were improved, Pacific Western Airlines (PWA) was able to land at all points.

Northern Alberta Railway carried our patients to Anzac, Chard, and Waterways. The reserves stretched along the line, and the conductor would stop the train in order to let patients off as close to their homes as possible. A red hankie tied to a tree along this line meant a pick-up. This line was jointly

owned by the Canadian National and Canada Pacific Railways; on January 1, 1981 the Canadian National Railway officially became the sole owner and the N.A.R. was no more.

Patients from Manitoba were sent first to Winnipeg and then directly to their homes via bus or train. Northern Saskatchewan people were sent to Uranium City on PWA and were dispersed from there. The British Columbia patients were sent home by either bus or train, except in the northern-most areas, where planes were used. Yukon patients usually returned via Canadian Pacific Airlines to Whitehorse or Dawson City, and were sent on from there, if necessary.

Pacific Western Airlines took our patients to receiving points in the Northwest Territories. Inuvik looked after patients returning to Aklavik, Arctic Red River, Fort Good Hope, Tuktoyaktuk, Reindeer Station and other neighboring settlements. Cambridge Bay was the receiving point for Gjoa Haven, Spence Bay, Coppermine, weather stations and any other places in that area. Yellowknife was also a receiving centre. In 1967, PWA had their first passenger flight to Resolute Bay. Prior to that, the Royal Canadian Air Force personnel stationed at Namao flew our patients in a Hercules cargo plane that had a bench along one side for passengers. Areas using ferries or boats, such as Fort Providence, Fort Resolution, Fort Vermilion, John D'Or and Fox Lake were affected by spring break-up and fall freeze-up, and travel plans had to be modified accordingly.

Communication

All available resources were utilized to ensure that the patients would be met at their destination. Mrs. Lorna Post from Northern Affairs was responsible for the notifications for all Eskimos going home. Medical personnel were notified where possible, but in many areas other sources had to be used, such as the RCMP, Indian agents, store or hotel managers or company nurses. At Meander River, Alberta, a fatherly gentleman was contacted by two-way radio. He always worried about the patients not having a big enough lunch sent with them and also mentioned that we should send a few aspirins with them in case they got a headache.

Contact with these areas was made by telegram or telephone and, in later years, the Telex was also used. The field personnel contacted would advise if a delay was required. For example, families were not always available to receive their members — whole families often went on hunting trips or attended rodeos or the Pilgrimage to Lac Ste. Anne. Or sometimes, the home situation would have changed completely during the patient's long stay in hospital.



Betty Moyak going home to Coppermine. (Credit: (c) Karsh, Ottawa, 1952).

The department also handled patients from other city hospitals being discharged directly to their homes in exactly the same manner as the patients at the Charles Camsell Hospital.

Clothing

It was essential that patients be properly clothed for going home. Because the temperature varied greatly from Edmonton to remote northern areas, the Eskimos were given two complete outfits for summer and two for winter. Other patients either outgrew their clothes or left the hospital in a different season from when they entered, and the emergency admissions often had improper clothing for going home. The hospital had a large stock-room containing supplies provided by Indian and Northern Affairs for the purpose of providing clothes at time of discharge. Used clothing donated to the hospital was used, if suitable, or altered as necessary.

For example, a muskrat coat was given to an Eskimo mother. She immediately measured her child, who was going home, and made a parka and trousers for him. These fur outfits usually had a layer of fur facing inward next to the skin and another layer with the fur outward. The inseam of the pants was left unsewn for toilet purposes, as the cold made it impossible to bare too much skin. Bright colors were preferred for northern areas in order to provide contrast with the snow.

Procedure for Travel

The detail required was tremendous. When escorts were needed, for the safe arrival home of the patient being discharged, they could be a member of Medical Services Region: zone, field or hospital staff. Mrs. Lorna Post generally escorted all Eskimos. Patients being transferred to a hospital closer to their home were accompanied by a member of the Charles Camsell staff if necessary. Arrangements had to be made for all medical needs en route. Stretchers were pre-booked if required.

Travel tickets were purchased prior to discharge by means of government warrants. Transportation slips, signed by appropriate hospital personnel, authorized payment to ambulance and taxi companies.

All pertinent information and recommendations necessary for personnel receiving the patients at their destinations were sent enclosed in "In-Transit Envelopes". Medication or medical supplies were sent as required. The quantity of medication sent depended on the availability of refills at home.

The transportation firms had specific weight limits for luggage. Many precious possessions were accumulated during a patient's stay in the hospital and frequently it was necessary to pack and repack in order to attain the correct weight. However, the agen-



cies involved were lenient and understanding of the circumstances.

Whenever food was not provided during transit, the Diet Kitchen was asked to pack a lunch for the patient to suit his or her medical needs. Formula was always provided for infants.

Children, and any adults who had a language barrier, travelled with an identification badge pinned to their outer garment. This included name, Treaty number or Eskimo disc number, and destination.

Good-Byes

As patients left to go home they were excited and happy. A few, however, had last minute reservations about going back to the outside world after a long stay in the hospital. Many wanted to have instructions regarding their follow-up treatment explained to them again.

People contacted for assistance were always most cordial, caring and helpful. Bus drivers took their charges very seriously and PWA stewardesses even came to the hospital for tours. Once there was an elderly lady with terminal cancer who, at her own request, was going home to die. Her son was an inmate at the Fort Saskatchewan Correctional Institute. The Warden arranged for a private visit for her with her son and a nurse was allowed to go in with her for support. This lady said, "There are so many kind people here in Edmonton."

Children left the hospital clutching their favorite toy, with other toys and books packed in their luggage. The pediatric units supplied toys and the children always received gifts for Christmas, Easter and their birthdays.

Some confusing and humorous incidents occurred en route home. There was the man who sold

his parka at one airport stop. A letter from authorities at the receiving end arrived at the hospital asking why this gentleman had been sent home with inadequate clothing. Imagine the time and effort required to solve the mystery! Another time a patient packed all of his extra attire and it was in the baggage compartment of the aircraft while he was shivering en route.

Out-Patient Placement

Patients from all areas were also sent to Edmonton for Out-Patient treatment. They had to be met on arrival and placed in private homes according to their needs. These homes were selected very carefully, and they proved most satisfactory. All arrangements for appointments were made through this office. The Bonaventure Hotel also looked after our patients and always seemed to overcome language barriers very well. The hotel staff made sure the patients had their meals and that they were ready to be picked up for their appointments. When treatment was finished, these patients were returned home using the same procedure as for inpatients.

Conclusion

The myriad of detail required for the discharge procedure evolved with increased movement of patients as more active treatment cases were admitted to and discharged from hospitals. Solutions to problems developed by trial and error, suggestions from the receiving areas and the pooling of knowledge of staff from Indian and Northern Affairs, and hospital and Medical Services field personnel. It was challenging and gratifying work.

The Famous Bush Pilots, The RCAF and the Flying Mounties by Rena M. Beer

Credit is due the Royal Canadian Air Force (RCAF), Northwest Air Command (NWAC), Royal Canadian Mounted Police (RCMP) and many northern fliers for the splendid work they performed in transporting patients to and from northern Alberta and the Arctic, and the Charles Camsell Hospital. Both the RCAF and northern pilots were most cooperative in bringing out accident victims, tuberculosis patients and natives suffering from emergencies which required medical attention. They performed these services in all kinds of weather and sometimes under hazardous conditions.

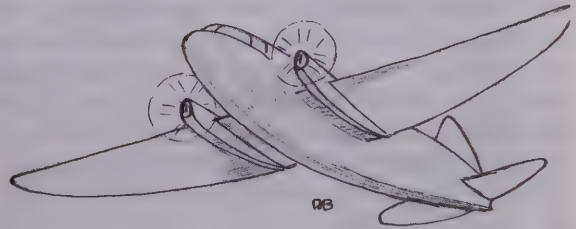
We spoke to some of these early pilots and, although they did not keep records of their heroic missions, all recalled the flights as special experiences, especially where children were involved. Mr. Herb Gainer, retired RCAF veteran, recalls one of these flights when he brought from the north some

children who were badly burned. He and his co-pilot, FO Weir, were impressed with the stoicism and endurance of these young burn victims.

Some of the pioneer "bush" pilots, airforce and police personnel were: Harry Winny, George Potter, Joe Coombs, Max Ward, Mike Zubko, Stan McMillan, Bill Gwynn, George Pratt, Matt Berry, Don Braun, Al Brown, Ron Page, Ernie Boffa, "Smoky" Gray; and from the RCMP, Al Dye, Harry Heacock, and Wing Reid.

This portion of our history of the Charles Camsell Hospital is dedicated to these early pioneers of the air.

The following is a chronicle of some of the achievements and the important part the pilots played in their endeavors to assist the people in the north and the federal health service. We have taken excerpts from newspaper and magazine stories which represent some of the deeds of these unsung heroes.



Dakota.

"First Aklavik Flight Failed to Frighten Sturdy Eskimos

(from an article obtained from the City of Edmonton Archives written by C. M. "Punch" Dickens, July 13, 1931)

The first aeroplane reached Aklavik on July 1, 1929 and was viewed with keen interest by the local people. The big, white man's bird, G-CASM of Western Canada Airways, had arrived from Edmonton in seventeen hours flying time. The effect on the Eskimos was interesting, as little fear was shown. They were accustomed to mechanical things as they owned and operated motor driven schooners and gramophones.

After greetings were exchanged, the Eskimos asked to go for a ride, so the pilot spent the next two hours taking them for rides. None showed fear, some held on tightly and most yelled with delight, especially when banking and turning. One wanted to know how much it would cost for him to buy a plane.

The pilot told him 1500 white foxes and the man merely grunted.

One old lady watched the many flights and decided it was not for her. She said, "Mary she not believe it, the wings do not flap."

"Two Patients Flown Here from Aklavik, February 26, 1945

(from scrap books, Squadron 435, RCAF, Air Transport Group, Namao, Alberta. Courtesy of Major Harry Kuszmaniuk)

The wife of a reindeer herder at Aklavik and a ten year old boy are in hospital in Edmonton after an ambulance flight by two RCAF planes to bring patients 1500 miles from the Arctic.

The woman, Mrs. Michael Pulk, seriously ill from internal hemorrhage, and Joseph Uwena, suffering from a knee infection, were flown from Aklavik to Norman Wells by FO Johnny Nesbitt of NWAC after the pilot had received an urgent call to make the trip. FO Nesbitt requested a plane, doctor and nurse from NWAC, Edmonton as his plane was not equipped for flying an ambulance case.

Flt.Lt. F. M. Benitz, DFC, an Argentinian recently returned from overseas duty, flew in to Norman Wells accompanied by Flt.Lt. J. F. Reid, M.D. from Vegreville and N/S L. C. Friesen of Saskatoon. Mrs. Pulk was admitted to the University Hospital and the Eskimo boy to the Misericordia Hospital."

(Henceforth the Eskimo people were admitted to the Charles Camsell.)

"Indian Flown to Hospital in Edmonton, May 28, 1946

(from scrap books, Squadron 435, RCAF)

Peter Attilon, 46, of Fort Vermilion, Alberta was flown to the Charles Camsell Hospital on Friday for treatment of a badly-cut left foot. An RCMP ambulance flight took him to an unidentified lake 300 miles north where a float-equipped Norseman, piloted by FO Jack Jawaraki and Cpt. A. W. McLeod, landed. With Dr. Joseph Riopel from the hospital in attendance, the Indian was brought to Edmonton."

"Indian Children Flown to Hospital

(from Edmonton Journal, April 15, 1948)

Four Indian children arrived from the north by RCAF plane on Wednesday for treatment in the Charles Camsell Indian Hospital. They were accompanied by Miss Minnie Hackett, a public health nurse in the Yukon.

The plane, piloted by FO A. B. Blythe, came from Whitehorse. Gerald Jackson, 9, of Telegraph Creek; Anna Jonas, 8, of Moosehide; and Mary Tomtom, 11, of Snag, boarded the aircraft at Whitehorse. Miss T. Matule, an Indian girl, was picked up at Fort Nelson.

The flight Wednesday was another example of cooperation of the Air Force with the Department of Indian Affairs, in bringing Indians to Edmonton for hospital treatment."

"Boy Loses Feet — Six Others in Arctic Reported Recovering

(from Edmonton Journal, February 15, 1949)

Two Eskimos, one of whom has suffered the loss of both feet from gangrene, early Tuesday reached civilization and proper treatment in Edmonton, following their rescue Monday by the RCAF. The two Eskimos were brought from an Arctic outpost following a flight by two specially equipped RCAF Dakotas. They arrived in Edmonton at 1:45 a.m.

A 14 year old boy, David Koomayak, may provide the answer to the "mystery plague" which struck the Arctic settlement of Cresswell Bay, on Somerset Island, 1,000 miles north of Churchill, Manitoba. He was carried from the plane here on a stretcher. He knew he hadn't a hope of ever walking normally again, but he did know that he would live. Only one other of the group of ailing Eskimos was brought from the north Tuesday, a man by the name of Kavavow. His condition was not serious. He and David Koomayak were the only two who could be taken through a heavy three-day blizzard to the Fort Ross area, where the Dakotas could land.

Both Koomayak and Kavavow were taken to the Charles Camsell Indian Hospital as soon as they arrived in Edmonton. Kavavow, as he stepped unassisted from the plane, was an artist's dream of an Eskimo. He was wearing fur hat, fur pants, fur mukluks and mittens, and a highly decorated white parka.

One RCAF Dakota was flown to Edmonton from Trenton, Ontario, and a second was chosen from "K" Flight in Edmonton. Both were equipped with special wheel-ski landing gear and groomed for the hazardous mission to Cresswell Bay. The two Dakotas piloted by Flt.Lt. Thomas Benson and FO Earle Harper, plus crew members, left on February 1. Dr. J. Paul Harvey of the Charles Camsell Hospital in Edmonton and Wing Commander Hugh Bright, principal medical officer at Northwest Air Command, were on the flight.

Bad weather dogged their progress north and it wasn't until February 4 that they arrived at Cambridge Bay. They flew over Cresswell Bay and Fort Ross and dropped food, a number of deer skins and a walkie-talkie radio set.

Heavy fog fell on the area and the mission was on hold at Cambridge Bay until February 8. On that day and with radio-communication with a northern trapper, Ernie Lyall, they learned that eight Eskimos

were ill. He asked for medical supplies, and suggested he move the Eskimos to Fort Ross, 50 miles from Cresswell Bay, where the planes could land safely. On Monday the planes returned and the one carrying Dr. Harvey landed on the improvised landing strip at Fort Ross while the other circled overhead. Dr. Harvey later explained in Edmonton that only the two Eskimos had made it to Fort Ross due to the bad weather, and that the remainder would be evacuated later.

While grounded at Cambridge Bay by fog the two medical men were kept busy looking after the health needs of the natives in that area.

A third plane, piloted by FO Bert Madill and crew, left February 10 to fly extra medical supplies to the stricken Eskimos at Cresswell Bay.

March 19: The evacuation of four ill Eskimos was requested from Fort Ross. Dr. Harvey flew north on this trip and remained at Fort Ross for a week to look after the remaining patients. A woman, mother of David Koomayak, two older boys with tuberculosis and frozen feet, and a baby with a stiff neck were evacuated on this flight. Flt.Lt. Thomas Benson was the pilot.

March 24: Two more RCAF Dakotas, one piloted by Flt.Lt. Thomas Benson and the other by FO S. Skinner of Stettler, left Edmonton for Fort Ross on "Fort Ross Three". Const. A. Wilvert, RCMP was on board one of the planes.

Latest report of the mysterious illness at Cresswell Bay and Fort Ross was that two of the women survivors were too ill to be moved to Fort Ross by dog sled. Also fifty Eskimos, with less than a week's supply of food had been located. These planes carried 1000 pounds of food and other supplies, which included four drums of 100 octane gasoline to Fort Ross, for the plane to attempt a landing at Cresswell Bay. Dr. Harvey was expected to return with the two Eskimo women and any others needing medical care."

(It was concluded that illness had been caused by eating the meat of an old walrus affected by botulism.)

"Airforce Mission Helps Three Victims — March 10, 1949

(from scrap books, Squadron 435, RCAF)

A three-in-one emergency flight was completed at the Edmonton RCAF station Wednesday afternoon. On Tuesday, a Norseman with pilot FO Jack Elviss, crewman LAC D. Nix and Dr. J. P. Harvey of the Charles Camsell Indian Hospital took off for Fort Chipewyan, about 250 miles north, to bring out a seventeen year old Indian girl whose hand had been injured in a shooting accident. Dr. Harvey treated her

and another girl who had a gash to one foot inflicted by an axe. The girls were flown to a mission hospital at South Wabasca Lake. A third patient, a man suffering from tuberculosis, was brought to Charles Camsell Hospital."

"Eskimo Boy Flown Here to Save Injured Eye (from Edmonton Journal, December 15, 1949)

A seven-year-old Eskimo boy, whose eye was injured last week by a flying wood splinter, near his home at Cambridge Bay, N.W.T., was brought to hospital here by an RCAF supply plane.

The boy, Ernie Carter, was injured while watching Eskimo women split wood. A blizzard, which swept down on the Arctic outpost, 1,100 miles north of Edmonton soon after the accident, prevented a doctor from flying in.

Bob Cruikshank, Hudson's Bay Company factor at the tiny settlement, removed the splinter. Tuesday, Dr. J. C. Osborne of the Charles Camsell Indian Hospital, flew north in the supply plane to attend the boy.

Further examination and hospital treatment were needed; so Wednesday night the boy boarded the plane with the doctor for the return flight to Edmonton. Members of the plane's crew were: Captain, FO W. J. Buchan, Langley Prairie, B.C.; co-pilot, FO L. Reid, Winnipeg; navigators, FO Jack Lloyd and FO E. Hudson, both of Saskatoon; wireless operator, Flt.Lt. David Halcrow, Penticton, B.C.; crew chief, LAC Bob Wrightson, Innisfail."

"Eskimos Return Home

(from Edmonton Journal, August 19, 1955)

Delayed one day, the fourteen Eskimos from the Charles Camsell Hospital left RCAF base, Namao, at 8:30 a.m. Friday to fly back to their homes in the Arctic. Flt.Lt. Dick Baptiste was the pilot of the twin-engine Dakota from Tactical Air Command's Communications and Rescue Flight which is taking the Eskimos home. The Air Force was taking them to Cambridge Bay. Those not living there were expected to be flown to their separate homes in the Arctic by the RCMP. The group was to leave Thursday but the trip was delayed 24 hours while waiting for permission from Ottawa.

During their stay in Edmonton the Charles Camsell Hospital staff tried to show the Eskimos around the city and area. What impressed them most were the horses and cows on the district farms. Except for a few scattered words none of the group could speak English. Gwen Carter, a pretty northern girl who works at the hospital, spoke for the group. She is flying with them to her home in Cambridge Bay to visit her family on her two weeks' holiday from the hospital."

“Two Children Flown to City (from Edmonton Journal, [January 1956])

Two young Indian children are in the Charles Camsell Hospital after being flown from a remote Indian reserve in northeastern B.C., 200 miles northwest of Fort St. John.

One-year-old Jennie Capot Blanc is reported seriously ill while her six-year-old brother is said to be in satisfactory condition. Both children are suspected to be suffering from tuberculosis.

The children arrived Friday in Edmonton after being flown by Canadian Pacific Airlines plane from Fort St. John. Earlier, a veteran Edmonton bush pilot, Harry Winney, had flown the children out from the reserve after two attempts had been foiled by soft ice and snow. Accompanying him on the flight was nurse Bernice Beaton who came with the children on the flight to Edmonton.

First word of the children's illness came after an Indian had snowshoed 80 miles from the reserve to radio for help. The radio message was picked up on a radio of a seismograph crew searching for oil.”

“Eskimo Flown 1,250 Miles

(from Edmonton Journal, September 23, 1958)

An 83 year old Eskimo from Banks Island, 1,250 miles northwest of Edmonton, is in the hospital after the successful completion of one of the longest rescue missions ever carried out by the RCAF.

To bring the man, a hunter named Unayak, to Charles Camsell Hospital in Edmonton, an RCAF Canso amphibian from Vancouver made a round trip of nearly 3,000 miles. “Unayak is gravely ill, suffering from a severe case of bronchial pneumonia and from malnutrition as well”, said Dr. W. L. Falconer, regional superintendent for Indian and Northern Health Services.

FO Frank Stevens of Vancouver and his seven-man crew landed in De Salis Bay, on Banks Island, where the ice is thin near the shore.

Word of the old hunter's illness was carried to the RCMP detachment at Sachs Harbour on the western coast of Banks Island by another native. The police contacted health service officials who arranged for his evacuation.”

“Eskimo Flown 1,800 Miles to Hospital in Edmonton

(from Edmonton Journal, January 21, 1960)

A seriously ill Eskimo is in the Charles Camsell Hospital following a weekend rescue at Spence Bay in the Arctic, nearly 1,800 miles north of Edmonton.

The man, believed to be suffering from acute appendicitis, was picked up Saturday by Pacific

Western Airlines pilot, Duncan Matheson, who landed a wheel-equipped Anson aircraft on a makeshift landing strip on the sea ice.

Bad flying weather held up the rescue for about three days. In the meantime, doctors in Edmonton prescribed emergency treatment, relayed it by radio to a federal nurse at Cambridge Bay, N.W.T., who in turn radioed it to Spence Bay.

The Eskimo, a man of about 55 named Equalla, was stricken the middle of last week. Matheson, who is stationed with the Anson at a DEW-line site about 300 miles from Spence Bay, landed on an improvised strip cleared of hard packed snowdrifts by the local residents. The flight was timed so the Anson arrived at noon, when there was enough light for a landing during the Arctic winter.

Equalla was flown south to Cambridge Bay from where he was flown directly to Edmonton in a PWA DC4 aircraft, also under contract to Federal Electric Corporation for DEW-line work.”

“Plane Carries Sick Woman 1,590 Miles (from Edmonton Journal, January 1961)

One of the longest emergency flights in the history of civil aviation in the Arctic ended here Monday when Mrs. Pwo Cheeyoo was taken to Charles Camsell Hospital.

The Eskimo woman, a native of Thom Bay on the Boothia Peninsula, was flown 1,590 miles by Pacific Western Airlines to undergo tests at the hospital for suspected tuberculosis. Thom Bay is 250 miles inside the Arctic Circle.

Word of the woman's illness reached authorities at the hospital from Spence Bay, some 65 miles southwest of the Eskimo village. A single-engined Otter aircraft, piloted by Capt. Donald Hamilton, left Yellowknife January 5, picked up a government nurse at the nursing station at Cambridge Bay, and arrived at the Eskimo camp the following day.

The aircraft returned to Yellowknife Saturday, and Mrs. Cheeyoo was brought to the city on a scheduled flight. The flight was without incident.

The patient was reported in fair condition on arrival at the hospital.”

Eskimo Polar Bear Hunter Agile with Artificial Legs (from Edmonton Journal)

Cambridge Bay — Eskimo hunter David Koomayak, 37, hobbles after polar bears on his two artificial legs.

Once a Fibreglass limb broke while he was chasing a wounded bear. But he made the kill.

Shortly after, he changed to wooden substitutes



Picking up a patient.

which, he says, stand up better in cold weather and need a minimum of adjustments.

Occasionally he will excuse himself, stating: "Damn! I have to find a screwdriver to tighten these feet of mine."

David and his wife, a deaf mute, live with another Eskimo family at Albert Edward Bay, 50 miles east of this Arctic community.

David wears oxfords, not the traditional seal-skin mukluks, to save unnecessary wear to his prosthetic appliances.

He's been refused rides in airplanes because bush pilots, not aware of his condition, figured his shoes weren't adequate protection against temperatures that drop to 65 degrees below zero.

The young Eskimo follows the old way of life. He shuns welfare and lives off the land.

During the summer, David acts as a fishing guide, astounding visitors with his agility.

When he returned to Cambridge Bay, after five years at Charles Camsell, David worked in the nursing station until he regained his balance. But this kind of life wasn't for him and he returned to the land.

Mr. Koomayak and his wife have two children, a son and a daughter.

From "The Camsell Arrow" January 1968.

RCMP Medivac — Northern Canada Operations

by Al Dye

Superintendent, RCMP, Retired.

During the late 1940's the RCMP operated a Nordun Norseman out of Edmonton into the Northwest Territories. It was used basically in the Mackenzie District, but at times was also used in the Yukon and Keewatin Districts.

This aircraft was a single engine high wing fabric

covered Mark V version powered by an R-1340 Pratt and Whitney radial engine which carried a three-bladed propeller. Although this aircraft was restricted in range to approximately 500 miles, it was very ruggedly built and ideal for the hard and rough snow conditions in winter and for the heavy swells and water conditions of the larger lakes and ocean operations in summer.

The Norseman was originally flown out of Edmonton for operations in the Northwest Territories but, in 1952, was moved on a permanent basis to Fort Smith, N.W.T., where it remained until it was released from service in February 1959.

Basically the purpose of the aircraft was to service northern detachments with freight and food, and to transfer members throughout the detachments in the N.W.T. Although many medivac services were performed by this particular aircraft, the records concerning individuals involved have been destroyed and only the recollections of RCMP pilots who flew the area remain.

In performing medivacs with RCMP aircraft certain regulations had to be followed. Only urgent cases of patient transfer where life-saving time was a factor, and where commercial services were not immediately available, could be approved.

I recall one occasion when I had to pick up a pregnant Indian woman who was suffering complications: my one wish was that a commercial air service had been available. This occurred at Jones Landing, approximately fifty miles south of Wrigley, N.W.T., where a makeshift airstrip had been maintained all winter for the transporting of goods and services to that area by lighter aircraft. It certainly was not conducive to the safe operation of a Norseman. The date was March 21st, 1957 and the temperature was +34° Fahrenheit. With the snow in a semi-melted condition, the landing was the STOL (Short take-off and landing) type, and a great deal of power was required to taxi the aircraft. Realizing this condition we taxied up and down the strip two or three times to pack the snow, took on our passenger and commenced our takeoff run. The name of the game from there on was survival!

I mention this incident as a typical situation involving medivac and the use of temporary ice airstrips. The main concern, of course, in long flights with single engine aircraft in that era, was the weather. The anxiety levels were often high, not only for the patient who was waiting to be evacuated, but also for the crew of the aircraft who had the responsibility of carrying out that evacuation safely.



Dr. M. Matas.

The Troops

Our Food or Feeding the Family (1948-53) by Marjorie (Fazackerley) Whitehead

Employed February 1948-February 1953. Dietitian. Living in Sidney, B.C.

For me, joining the staff of the Charles Camsell Indian Hospital in February of 1948 was the beginning of five years of close associations, lasting friendships and memorable work experiences.



Dietitian Marjorie Fazackerley checking food wagons prior to delivery to wards, 1949.

Our Staff

Any story or history must have a cast of characters, so first let me tell you about our staff.

When Elizabeth Bartman left for New Zealand in May of 1948, I became the Dietitian In Charge and over the years was assisted by Phyllis (Fitch) Fowler, Mary Lazelle (Sauder) Harvie and Mary Kidney, who took over when I left in February of 1953.

During the first year or two, good cooks were hard to find, but fortunately we had Jack Latham, our head cook, and Nicholas Kirillo, our baker, who put in many extra hours to keep our growing family fed. We tried numerous cooks . . . one who thought custard would set in the refrigerator and jello was



Dietary Staff, ca. 1948. Susie Sluka, Mrs. Hope, Anna Rudyk, Mrs. Baker; (unknown), Madame Ethier; (unknown), (unknown), Ethel Libby, Jack Latham, (unknown), Theresa Riopel, Olga Seweryn, Zel Sauder, Marjorie Fazackerley.

baked in the oven . . . another thought you put brown paper on top of rice pudding to make the brown topping . . . and one who came in drunk and threatened Jack Latham with a butcher knife. Even-



Dietary Staff, ca. 1948. From Left to Right: Charles Lowe, Andy Anderson, C. Wahlstrom, Hugh Givens, Phyllis (Fitch) Fowler, Nick Kirillo, Philip Mamatas.

tually our efforts were rewarded and a normal routine was established with a full complement of cooks consisting of Frank Bough, Charles Lowe, Phillip Mamatas, Frank Oliva and Ed Stevens.

The other men on our staff were: Earl Rose, our butcher (there were no portion pack meat products in those days and the only power on the saw was Earl's muscle), Andy Anderson (who peeled and chopped all our fresh vegetables), and the potwashers who changed frequently, and Hugh Givens who stayed the longest.

The ladies in the Department would come and go but a few faithfuls such as Mrs. Baker, Mrs. Sluka, Mrs. Rudyk, Frances Smith, Alberta Janet, Theresa Riopel and Olga Seweryn were always there to keep things going.

Our Equipment

Much of our equipment was war time manufactured, came from the States and often had no identification of manufacturer or serial numbers. Since it took a few years for peace-time manufacturers to get back in gear, we were stuck with what we had or didn't have. Fortunately, the Maintenance Department was able to keep things operational most of the time.

Until we procured a couple of second hand coffee urns, the coffee was made by putting the coffee in a cheesecloth bag along with an egg which was broken just before immersing the bag in boiling water. Most days the coffee was pretty good!

One of our ovens wasn't heating properly. We learned the reason why when the Gas Company came to check it and found a family of mice had taken up residency to escape the winter cold.

There was an ingenious foot treadle machine in the bakeshop for coring and peeling apples. Made from fresh apples instead of canned apples, we used to call it "real" apple pie. It was quite a chore and I hope Nick has forgiven me for the number of times "real" apple pie was on the menu.

Our first big improvement was having the old wooden floors in the kitchen replaced with cement and tile. Somehow amid the jackhammers, cement mixers and workers, Jack Latham and our staff managed to keep serving the meals. Maybe it was Jack's experience in setting up field kitchens in the army that made him able to cope with most situations (although he was known to lose his temper on occasion).

Food And The Family

Serving meals to please everyone all the time is an impossible task, but we tried to plan our menus to please the varied tastes of our family of Indians, Eskimos, DVA's and staff. As a result we had some interesting menu items.



Chef John Latham loading food wagons for Wards, ca. 1955-1960. (Credit: National Film Board, Public Archives of Canada, PA-139318).

When the elk herds at Elk Island National Park had to be reduced, native population on the reservation were given as much of the meat as they could use and the Camsell Hospital received the remainder. I don't remember how many thousand pounds we received, but it was put in freezers at the Edmonton Cold Storage and elk was a regular feature on our menus over the years. Another favorite of the native members of the family was boiled meat and bannock.

When Eskimos from around the Arctic Circle first came to us, it was difficult to tempt their appetites with all our strange food, so we would serve them raw frozen fish along with the regular meal. Eventually they became accustomed to our food and the raw frozen fish became more like a dessert.

The DVA members of the family loved to complain about the food, especially if they could get a rise out of the dietitian. When that didn't work with this dietitian, we soon became good friends. Although they never admitted that we really did serve good food, we still missed them when they were moved to the Aberhart Hospital.

Special Days And Events

Every spring we would put on a tea to honor the volunteers and women's service club members who did so many things for the hospital throughout the year. This was an elegant affair that was always well

attended and enjoyed. Days before the tea, the dietitians and cooks would be busy making fancy cookies and squares. The afternoon before the tea some of the nursing supervisors and staff would come to the little kitchen off the staff dining room where we all worked together making great varieties of fancy sandwiches. Staff members brought in silver tea services, serving platters, and cups and saucers to use for the tea. Later on, thanks to donations, we were able to purchase our own tea service and cups and saucers.

We had a series of luncheons each year for the executives of the men's service clubs who donated much time and money to organize special events for the patients. The luncheons were formally set up in the lounge area of the senior staff dining room, and usually resulted in more donations of time and money.



Ward Kitchen Staff, ca. 1948. Front Row: Mrs. Norris, Mrs. N. McDonald, Mrs. Kinnear, Mrs. Chamberland, Ethel Lockwood, Bea Callihoo, Mrs. Mahoney. Back Row: (unknown).

In summer, the big event was the Patients' Picnic. Every patient who could possibly attend was transported to Victoria Park, even if their beds had to go along with them. It seemed as though half the kitchen was transported down there as well. We grilled and served hamburgers and hot dogs by the score and gallons of soda pop and ice cream were consumed. The whole event was a monumental undertaking with every member of the staff involved in some capacity. Everyone worked together to make the day a memorable event.

Christmas Day at the Camsell was my favorite day of the year. Preparations for Christmas dinner began in October with the making of Christmas cakes and puddings, Christmas favors and printed menus for the trays. On Christmas Day at noon all staff on



Mrs. Irene Bremner serving patients in the Cafeteria on the 7th floor, 1967.

duty visited the floors to serve Christmas dinner to the patients. Afterward all staff assembled in the junior staff dining room where Christmas dinner was served by the senior staff. Following this, a cold buffet was available for the senior staff. I shall always remember my first Christmas. I had chosen ham for the cold meat and Dr. Matas asked why I would serve ham on the birthday of the greatest Jew that ever lived. Although taken aback momentarily, I soon realized that Dr. Matas was having a joke at my expense.

In retrospect, it seems that in those days at the Camsell, the spirit of Christmas goodwill lasted all year long. How fortunate we were to have shared those years!



Kitchen, Ward 1, June 1966.

Retirement Was a Sorrowful Event by Harriet Buffalo

Patient 1948-1949. Worked in the ward kitchens 1953-1973. Living in Hobbema, Alberta.

I was born at Buffalo Lake, Alberta. In 1923 I married Joe Dion Buffalo.

The late 1940's were spent in the Charles Camsell Indian Hospital as I had tuberculosis. I made some good friends during that time.

In 1953, I was employed at the hospital to work in the ward kitchens. I helped serve meals to the Eskimo and Indian patients, young and old. I appreciated the work and enjoyed it.

Staff whom I especially remember are Miss Cogill, Miss Taylor, Mrs. Hamilton, Dr. Matas and Mrs. Bowman who was my boss for many years.

I started work in the old hospital and retired from the new one in 1973. Retirement was a sorrowful event for me. The staff had a nice farewell party for me but leaving my best friends behind made me sad. The happy times I had enjoyed were all I thought about. The years that I had worked seemed so short. I had gained so much experience and had learned so much.

One thing I will never forget is the happiness of working in the Charles Camsell Indian Hospital.

Evolution of a Hospital Laboratory: The Laboratory, 1946-1967

by Esther Wickencamp and Alma Evdokimenko

Esther Wickencamp was employed January 5, 1948-June 1971. She was Senior Laboratory Technologist and built up the different medical laboratory departments and maintained them at a professional level. In the new hospital, she also set up the Blood Bank, which had previously been handled by the Red Cross. Alma (Couture) Evdokimenko was employed from November 19, 1946-March 31, 1972. She was a Medical Laboratory Technician.

The first laboratory opened in 1946 in a large room next to the Operating Room. It had a small adjoining room containing a single bed for ECG's, a small refrigerator, a desk and a telephone. The equipment, which had been left by the Army, was very limited. There were two incubators, two microscopes, a centrifuge and a few out-dated chemicals.

The laboratory started with a staff of two. Technicians were scarce and reluctant to work in a TB hospital because of the dangerous work. Gradually more staff arrived to do the thousands of sputums and gastric washings for TB cultures. To some extent the patient's stay, treatment and discharge from the hospital depended on the laboratory findings.

There was no sterilizer, so contaminated material



Laboratory staff, Christmas, 1956. L. to R., Back Row: Laura Smith, X-ray, Veronica Andrews, Secretary, Alma Couture, Alex Campbell, Walter Price. Middle Row: Nora O'Brien, Esther Wickencamp, Delphine Arcand, Adele Brule, Barbara Brown, X-ray. Front Row: Madge Nix, Santa, Margaret Astley.

was soaked in buckets of lysol solution. Occasionally the O.R. was persuaded to do a load of autoclaving. Later, a large pressure cooker was acquired to use as a sterilizer. After several years of constant use it finally blew up. The lid gouged a deep imprint in the ceiling and barely missed a technician on the way down.

Specimens flown in from the northern hospitals often arrived broken and leaking and were highly infectious. Careful technique in handling was required. Respite from this added burden came during "break-up" and "freeze-up", but extra large shipments would arrive shortly afterwards.

The laboratory did not have a lot of environmental controls. "Hotfooting it" took on a new meaning with the large heat ducts running under the floor. The heat was never turned off.

The front window gave us an excellent view of the fire engines which arrived frequently on false alarms. They came equipped for a four-alarm fire and we admired their efficiency. During fire drills we would close our doors and dash down to Wards 7 and 8 to "save the kids".

Every morning many requisitions awaited us and we would set out with our collecting trays to the various wards. This was "visiting time". Occasionally there were cases of mistaken identities as the patients, especially the DVA boys, liked to fool us. The Eskimos and some older Indian women did not always answer to the names on the requisitions. Later, identification bracelets were introduced. We usually carried jelly beans in our pockets as compensation for the pain of the needle prick. This was popular with the children who frequently called "Pick me" when they saw us coming. There were the inevitable urine samples to test, occasionally "doc-

tored" with apple juice or loaded with sugar, by the DVA boys.

Blood counts were set up in an assembly line system which worked well until a late order or outpatient showed up. When individual specimens arrived all the equipment had to be set up before the procedure could commence. This was very time-consuming. Spinal fluids always arrived at the most inopportune times. The analysis took a minimum of one-half hour providing there were no interruptions.

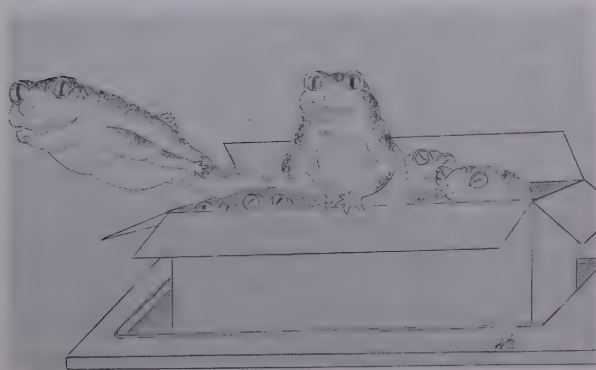
We did many gastric washings and became so adept at the procedure that it was over before the patient had time to complain. Each one was then treated to a little cup of jelly beans which the patients told us made it worthwhile.

During the first years there was no secretary in the laboratory, so the recording of the tests on charts was done on our noon "break". We worked a 44-hour week, plus "call back" duty for which we were not compensated. It was considered a professional obligation. Later, we were allowed to take time off for hours spent on call. Emergencies frequently occurred during the night.

Many of our patients could not speak English. One Eskimo lady needed a transfusion very urgently. However, her name tag could not be found. We called her "Mrs. North Star" and obtained blood for her under that name.

We grew fond of the children and got to know them well as many were in the hospital for a long time. We were happy to see them sufficiently recovered to go home, but we all shed tears for the little boy who died of leukemia. While doing routine blood work for a patient just admitted, our laboratory discovered the first hemophiliac among natives. Four boys in the family were afflicted and were admitted consecutively for blood transfusions.

One day Archdeacon Clough, a very ticklish man, was having an ECG test. Each time a node was placed on his chest he burst into gales of laughter which started the technician laughing too. Their laughter could be heard down the corridors.



We used frogs, small *Rana Pipiens*, for pregnancy tests. They were shipped from the United States packed in moss in perforated boxes and could be heard croaking. Once when a box arrived Dr. Corrigan opened it and dumped the contents into a sink. Frogs leaped in every direction and we chased them all over the laboratory. After being used for a test, the frogs were set free outside if the weather permitted. We gave one to Edwin Lindberg, a patient, who fed it bits of food attached to a fine wire which he waved around, as frogs only eat something that is on the move. Cogi (Margaret Cogill) took one home to Unit 17 (a staff residence). It got out of its pen and sat on the stairs, terrifying the housekeeper when she came in.

We had a policy that no one had finished the day's work until everyone had finished. So, near the end of the day, we all pitched in and helped the person who was behind, mainly with the microscopic work. There was great camaraderie among the staff. As we were all in one room, we chatted as we worked, comparing notes and making "behind-the-scene" diagnoses from our findings.

As medical science increased rapidly after World War II, the scope and volume of tests increased accordingly. Gradually more sophisticated equipment was obtained and we started doing Biochemistry, including Microchemistry, advanced Microbiology and Parasitology. We also did the Mantoux testing. With the development of antibiotics, sensitivity tests were required. Our laboratory was one of the first in the city to do these and we had to prepare our own sensitivity discs. We were in contact with the other major laboratories in the city and kept our procedures up-to-date. Drs. Porth and Bryk spent many hours skillfully mounting pathological specimens of heart, lung, brain, liver, and other organs. These were displayed in a room across the hall, and occasionally were used for teaching purposes.

After a few years the head nurse in the O.R. decided that the laboratory was somehow contaminating her department, so we were moved down the hall to the junction of the Burma Road and the corridor from the main building. Since this new area had been prepared for the Out-Patient Department, considerable remodelling had to be done. There were rooms for wash-up (with a large steam sterilizer), Microbiology, Biochemistry and Hematology. We now had an Histology department and Dr. Samuel Hanson (pathologist) made daily visits. A Blood Bank refrigerator was recessed across the hall. Our first autoanalyzer was set up in a section of a locker room and became known to us as "Big Brother" because he worked while we watched.

Unofficially we became the first-aid station on

the Burma Road. "Please Missus, can you pull this sliver?", "Can you put something on my finger?", or "Can you fix my glasses?". We did temporary repairs on glasses with acetone.

After we settled in our new quarters we put on an exhibition in the Doctors' Conference Room along the Burma Road. Microscopes were set up showing red and white blood cells and different types of bacteria. Nearly every member of the staff came, including the medical superintendent and the business manager. One janitor came through three times. Nurses were amazed to find out what a "Sed. rate" really was. We had difficulty closing shop that night as the word got around about our interesting display.

Mrs. Nora O'Brien worked in wash-up and did the sterilizing. She was a mother to all and had outstanding patience. Never complaining, she was always willing to give a helping hand, regardless of her work load.



Laboratory staff, 1949. L. to R.: Frances Vanot, Alma Couture, Claude Bisson, Esther Wickencamp, Evelyn McCormick.

For a few years we had some guinea pigs that were used for testing to confirm TB. They were kept in a small building near the power house. It was the duty of the staff in Histology to "feed the pigs", but this often was unloaded onto the students and the summer help. Eventually we had to dispose of the pigs. They were sent to the Provincial Laboratory.

Three mornings each week we had student nurses and medical students visit in order to "learn about

TB". We taught them to do gastric washings, Mantoux tests and showed them live TB cultures. During the summers we had medical students working with us to learn basic laboratory work so they could take weekend calls while attending university. Their compensation was free room and board. At times we had the native girls learning to be laboratory assistants. They were Adele Brule, Delphine Arcand, Sadie Littlelight, Margaret Kindo and Peggy Saddleback. The girls became very adept at fine work and some were later employed in small laboratories. We also had visits periodically from the patients who attended the regular Health Committee meetings. They were very interested to see TB bacilli under the microscope.

We helped plan the laboratory in the new hospital and, when ready, moved our equipment over, bit by bit, on carts. It was exciting, but the new laboratory was so big and we were separated in rooms that were far apart. The old camaraderie was not there. Our fondest memories stayed with the first Camsell Hospital.

Indians Provide Rare Blood for Emergency

**An excerpt from an article which appeared in The Camsell Arrow .
March-April 1955 (copied from the Edmonton Journal).**

"An RCAF T-33 Silver Star jet trainer left Namao Wednesday morning on a 1,200 mile flight to San Francisco, in a race to save the life of an unborn child in Redwood City, California. The plane is carrying a box about the size of an egg crate, with a large red cross painted on the lid. Two 500 c.c. bottles of a rare type of blood are packed in the special container, surrounded by ice and with special tops to prevent the bottles bursting at high altitudes.

The blood, known in medicine as Sub Sub Rh Chromosome Deletion, was donated by two sisters, Mrs. Clara L'Hirondelle of Marlboro and Jean Callihoo of Michel Band at Calahoo. Red Cross officials said the women are two of twenty-one persons in Canada, all of Michel Band, known to have the rare type of blood. Four other persons have the blood in the world, two in the United States and two in England.

The blood was first discovered in the Misericordia Hospital more than fourteen months ago when Jean Callihoo underwent surgery. A sample of her blood was examined, with the result that no matching blood could be found. The sample was sent to New York and London and, there, medical experts confirmed it as the special type".

From the annual report, Charles Camsell Hospital, 1954:

"Our hospital, with the very diligent effort of the Public Health Nurse, Miss Gilda Graves, and the research of church records by Rev. Father Tardiff, O.M.I., worked with Doctor Buchanan, Director of the Alberta Blood Transfusion Services, to procure various blood samples and construct the genealogical tree of the Michel Band of the Edmonton Agency. Doctor Buchanan presented the findings to the International Congress on Blood Transfusion and Haematology, Paris, France, September 1954, on "The Descendants and Contemporaries of Louis the Iroquois", "Consanguinity and Two Rare Matings". He proved the Rh gene deletions in twenty-one individuals."

When talking with Mrs. Andrew Cust (formerly Jean Callihoo) of Villeneuve, Alberta in February 1985 it was learned that the life of the baby born in Redwood City was saved with the blood which she provided. The mother had previously delivered nine infants none of whom lived. To Mrs. Cust's knowledge "the baby" is still alive.

Mrs. Cust has donated blood for use in Korea, Hong Kong and France. Thirty-four people have been recipients. There is no donor for herself in case of emergency. Improved technology has made it possible to store blood up to five years so Mrs. Cust acts in advance, as her own donor. She has six children all of whom delivered prematurely at seven months' gestation and all of whom had to have replacement transfusions at birth. Blood was provided by her brother Miles and her sister Clara.

The Laboratory, 1967

by Irene Powell

Employed November 1967-present. Began as a Hospital Technologist IV (under the federal government classification). While employed at the hospital, she earned her R.T. certification in 1973 and is currently Senior Technologist in Histology.

In 1967 with the new laboratory came new equipment, some good, some bad. More sophisticated tests were performed requiring automated equipment. From two single channels doing one test at a time, advancement was made to Multi 12's and Astra 8 autoanalyzers which are Biochemistry's bread and butter.

Hematology was not to be outdone and progressed from manual counting to an automatic Coulter Plus which gives more results on one sample than the technologist has fingers. The Blood Bank really came into being in 1968. From small and humble beginnings, it has reached maturity doing approx-

imately 160 cross-matches per month and averaging 170 units of blood. All antibody identification is now done on site.

The Histology department reflects the change in patient population. In 1967 most surgical specimens were organs diseased with TB (lung and kidney). Today, a complete range of specimens is examined, excluding transplants.

Microbiology is the least automated department in the laboratory. Although TB cultures are now sent to the Provincial Laboratory, the scope of work has increased greatly. From using the basic four media plates, a specimen now can require up to seven different medias. Parasitology has become more sophisticated; fluorescent screening for TB is all that is left in an area that once was the lab's reason for being.

The methods and means of testing are not the only changes that have taken place. Physically, the reception area is the only space that has remained as it was when the lab opened. Walls have been put up and others have been taken down. Biochemistry moved east to the space that housed TB Control and a library was added. Histology knocked out a wall and moved west. Blood Bank took over some of the original Chemistry space and windows were added. Pulmonary Function moved out. Offices have sprung up. And it isn't finished yet! Microbiology and Histology need to expand. At this rate the lab should soon occupy most of the east wing. One wonders if there is much left that the original architect would recognize.

With the increase in workload came an increase in staff and, in turn, a change in the hierarchy. In 1967 the staff worked 44 hours per week. Today, we work 37.75 hours per week with full 24 hour on-site coverage. Technical staff has increased from eight to forty. In 1971 the laboratory contract changed from Dr. S. Hanson & Associates to Dr. T. Kasper and Associates. The pathology staff has multiplied from one to three and includes general pathologists, one microbiologist and one hematopathologist. On July 1, 1984 Dr. Srishti Nigam, who arrived at the hospital in 1971, was appointed Director of Laboratory. In 1969 a Chief of Technical Services, was hired to run the entire show. Only four changes have taken place in this position: Marv Thorgeirson, Len Serebinski, Gwen Ferguson and Vern Veinot. The title is now Laboratory Manager. After the Chief, came a section head for Chemistry, to be followed by section heads for Hematology, Blood Bank and Microbiology. Currently, Microbiology is the only area with departmental coverage, but the day of the general duty technologist is slowly going the way of the dinosaur. We will all be specialized in our own fields.

In 1972-73 the first student in the hospital's Medi-

cal Laboratory Technology Training Program was accepted at NAIT and graduated in 1974. In 1980 the position of student coordinator became full time. The class size has ranged from one student to seven. A total of 35 students have graduated from the school and to date all have passed the C.S.L.T. (Canadian Society of Laboratory Technologists) examinations.

The hospital changed jurisdiction from the federal government to Metro-Edmonton Hospital District No. 106 Board in December 1980. Now, decisions are made a few blocks away, not 2500 miles. The most notable change was in salaries. Staffing became easier as salaries now became competitive with other city hospitals.

Equipment and space make up the lab, but it's the people inside that give it character, and in the past seventeen years there definitely have been some characters! Mrs. Nora O'Brien came along to the new lab and enjoyed having more chicks under her wing. She was sorely missed when cancer took her away. For many years medical students have been part of the lab. They covered call-backs, weekends and summer holidays. John Morrissey stayed on in Family Practice. Stan Read went to research. David Ferguson started in wash-up and liked the place so much came back as our first hematopathologist. Dr. Ted Kasper, from Kasper & Associates, worked as an orderly in his medical student days. Then, there was the lab assistant who reported a pregnancy test "slightly positive", to the delight(?) of Dr. Schweda. And, the night tech who baked sourdough bread all day to sell at work. And the one whose boyfriend won the Loto million on Sunday and she quit on Monday. There was the singing secretary who asked that we all meditate for five minutes to keep the Sky Lab from falling in 1979.

From the time she came on staff in 1948, there was one tech who "was the lab", Wicky. She knew everyone almost as family: the staff, the doctors and the patients. She was the foundation for the rest of us. Throughout the Edmonton Laboratory Society, Esther Wickencamp was the Charles Camsell Lab.

There is no one left from the old hospital and only two from 1967. The "old-timers" may not have felt it in the new surroundings but there is still a camaraderie here. As we grow and become more departmentalized, let us hope this spirit is not lost.

The Pharmacy — Early Years

by Art Anderson

It was the spring of 1948 and I was in Calgary recuperating from a back problem that had required medical attention. An ill-fitting body cast and orders to restrict activities to the home and immediate surroundings had made for a tedious convalescence.

Somehow, during this particularly boring period, I learned that the Charles Camsell Indian Hospital in Edmonton was in need of a pharmacist. I applied at once and, a short time later, was informed that I had been accepted. It was made clear that I was expected to commence work at the earliest possible time since the hospital was without a pharmacist at that point. For this reason I cut short my stay at home and left for Edmonton, cast and all.

My arrival at the hospital was not without its lighter moments. As the taxi drove away I carried my luggage into the main building, after which I was glad to sit down for a rest in the waiting room. Immediately a lady from the Admitting Office came over with forms for me to fill out. After I explained that I was not a patient but the newly-employed pharmacist, the matter was soon resolved.

The Pharmacy Department consisted of two rooms located across the hall from each other with a basement storage area under one of them. The hall joined "The Burma Road", probably given this name because of its length and the fact that it was the only traffic route connecting the farthest wards with the main building.



Pharmacist Ian Ellis checking stock, ca. 1955. (Credit: National Film Board, Public Archives of Canada, PA-139315).

Drugs were purchased through the Central Stores of the Department of Veterans Affairs (DVA) in Ottawa. They were requisitioned every three months, and approximately six months' stock was always kept on hand. These drugs were, in some cases, custom-made for the DVA or the Indian Health Services and as such were generally not available elsewhere on the market. In the case of the ferrous sulfate medication this was probably just as well since some batches of these tablets were found to have a disconcerting ability to pass through the patient with no change whatsoever.

The arrival of the quarterly shipment of drugs and medical supplies was usually not greeted with any great degree of rejoicing. It meant unloading a large number of cases from a truck and then manually sliding these down planks temporarily laid over the stairs. In the basement each case had to be shifted about until it was properly organized in the storage area. All this made for a long afternoon.

A number of pharmacists were employed during this early period. Their names are listed here, together with some current information if known. In some cases, details could not be confirmed since early records, in particular, were not available for study.

1. Hal Gaetz — returned to retail pharmacy in 1948 and practiced for a number of years in Stony Plain where he eventually retired. He died on November 9, 1979.

2. Arthur Anderson — succeeded Hal Gaetz in 1948 and resigned in 1949 to accept an academic position with the then 'School' of Pharmacy at the University of Alberta. He is now enjoying retirement and living in Edmonton.

3. Ian Ellis — 1949 to 1955 when he transferred from the hospital to head office in Ottawa to accept the position of Materiel Manager. In 1957 he became assistant to Bruce Brittain. In this position he was able to help in the planning and furnishing of the new hospital. When Mr. Brittain left Medical Services, Ian became Director of Administration, DNHW. He retired in 1973 to Courtney, B.C. where he died in 1977.

4. David Ritchie followed Ian and was in charge of the pharmacy until 1960 when he left to become a narcotics inspector for the Government of Canada. He is presently living in Calgary and continues to be involved in this important work.

5. Norman Barth accepted the position of Chief Pharmacist in 1960 following the departure of David. He remained active until 1965 when he left to undertake studies leading to a Master's Degree in Hospital Administration. While details of his activities during the next few years were not available locally, it was determined that Norman is now a practicing pharmacist with a retail store 'somewhere on Vancouver Island'.

6. Herbert Dixon — Herb had quite a career at the Camsell and in the Indian Health Services. A staff pharmacist position was posted in 1960. He was the successful candidate and worked under Norman Barth.

In 1963 he was offered the position of Zone Pharmacist at the Indian Hospital at Nanaimo, B.C. He accepted the promotion and moved there in May of that year. However, when the position of Director

of Pharmacy at the Charles Camsell Hospital became available in 1965, he returned to fill the vacancy.

In making this decision, we can be sure that Herb was familiar with developments on the local scene. Permission had been granted to proceed with planning for a new hospital and the sod had already been turned for an imposing new structure which was to be erected just north of the old building.

A very modern and efficient Pharmacy Department was also approved. Everything needed for the proper handling of drugs and medical supplies including shelf storage and a narcotics vault was to be contained within four walls. A large bulk storage area in the basement was to be connected to the main pharmacy by elevators for the ultimate in bulk supply transport. All in all, it was a vast improvement over the rather primitive pharmacy in use at that time. All this was to be operational in 1967.

In looking back at my tenure at the hospital it can be said that, in general, the daily activities quickly settled into a rather predictable approach to servicing the needs of the wards and, to some extent, of the staff. However that is not to say that there was not a fair share of unusual experiences to remember.

To this day I can recall how much I "enjoyed" working in a body cast, in the heat of summer, under low-hanging steam pipes that ran through the main pharmacy carrying superheated vapor from the main boilers to some distant sterilizer or radiator. Obesity was never a worry under these conditions.

Where else could a pharmacist volunteer for inclusion in a 'mercy flight' to the Arctic for the purpose of assisting in taking inventory of surplus pharmaceutical supplies and surgical equipment? As well one was expected to aid in post mortems of the deceased. All of this was useful work, and guaranteed to relieve the tedium of the usual daily routine.

But closer to home, the memory of one particular episode refuses to go away. I recall the details with absolute clarity! To set the stage for this story, we should remember that the floor of the "Burma Road" was covered with well-waxed linoleum. Of equal importance was the presence of a drinking fountain about a hundred feet down the 'Road' from the Pharmacy.

On this particular occasion a busy young ward aide presented a requisition for two dozen clinical thermometers. She was carrying quite a load of towels, sheets and other 'white goods' at the time, but still was able to find room for the thermometers.

Since it was about time for the morning coffee break, I closed the Pharmacy and started down the corridor toward the Nurses' Lounge. The young lady was just bending over the water fountain preparing to enjoy a quick drink on her way to the ward. I hurried

my pace with the idea of joining her after she finished her drink. Unfortunately, we made contact at the fountain and generated the biggest and fattest spark of static electricity that I had ever seen. There was a penetrating shriek, the thermometers met an untimely end over a rather wide area of the floor, and the two of us were suddenly draped with various items from the cloth bundles she was carrying.

After the clean up, I left her with my apologies for having startled her in that way. Somehow though, I was never really sure that she believed me to be completely innocent in the matter.

My reminiscences would be incomplete without including the story of para-amino-salicylic acid (PAS) and its use in the hospital as an anti-tubercular medicament. In the 1944 to 1950 era, interest in the chemical became very active and numerous research reports were published in the international literature. Such studies confirmed that, as an oral dosage form PAS was a promising new organic substance in the treatment of the disease.

A large shipment of white powder arrived one day, and our involvement with the drug began. Originally, my assignment was simply to package the powder as individual doses for patient use. However, since the dose required was relatively large, it was necessary to resort to powder papers — an awkward and labor-intensive procedure.

In a very short time it became obvious that a better drug delivery system would have to be devised. Patient acceptance was not good, and numerous complaints were received regarding the persistent bitter aftertaste and gastro-intestinal upsets. Accordingly we decided to convert the insoluble PAS powder to a water soluble salt, make a flavored solution and then simply have the patients swallow their required doses.

To accomplish this purpose, a ten-gallon glass carboy was obtained to hold the required ingredients. The chemistry of the proposed reaction was not too involved. One simply added a solution of sodium bicarbonate to the PAS powder in this vessel, and the water soluble sodium salt of PAS formed at room temperature. The other product of the reaction was carbon dioxide gas, a normal part of our atmosphere and hence nothing to worry about.

The whole arrangement was set up in the pharmacy room one morning and the reaction was soon well underway. Since there was little for me to do there until after the reaction was complete, I left the pharmacy to attend to other matters. Some time later that morning I dropped by to see if all was progressing as expected, only to be greeted by a river of white foam slowly crossing the hall from the pharmacy! On opening the door, I could see a seemingly unending

stream of foam pouring from the mouth of the carboy. The entire floor was covered. It was apparent that the sheer volume of the gas mixture had proven too much for the narrow mouth to handle.

Later in the day, after the clean up, arrangements were made to exchange the carboy for a similar size of crock. The problem was solved.

Something should also be said of the period following my departure from the hospital. I took up my duties at the University of Alberta as planned and was soon arranging for senior pharmacy students to visit a number of city hospitals on scheduled laboratory rotations. Mr. David Ritchie, the new Chief Pharmacist, was approached to participate in the program. His enthusiastic support helped to make the rotations successful.

Later, a summer internship program for a senior pharmacy student was arranged at the hospital, sponsored by the Department of National Health and Welfare. Mr. Jack Lymer applied for the position and was accepted because of his fine academic record. He devoted the summer to an evaluation of several orally-administered PAS preparations. It was not possible to engage in an exhaustive examination of all aspects of the subject in the time available. However, on the basis of the data obtained, it was possible to suggest a modified and improved PAS regimen for use in the hospital. Full details of the study were compiled in the form of a formal report which was submitted by Mr. Lymer in 1957 to the Faculty of Pharmacy, in partial fulfilment of the requirements for the degree of Bachelor of Science.

And so ends this sketch of the early years of the Pharmacy Department. My sincere thanks are extended to Herb Dixon for his generous assistance in clarifying certain details that, in my case, had been obscured by the mists of time. His excellent memory was a great help and very much appreciated.

The Pharmacy 1974-1984

by Lloyd Pihulak

Employed November 1, 1976 to present.

In January 1974 Herb Dixon resigned to assume the position of Director of Pharmacy at the University of Alberta Hospitals. Since that time the following pharmacists have headed the Camsell Pharmacy: Heather Gossen, acting director; Susannah Plumley, to May 1975; Mavis Olsen to October 1976; Lloyd Pihulak, from November 1, 1976 to the present.

The main responsibilities of the Pharmacy centred around providing services to in-patients as well as maintaining an extensive out-patient service for registered Indians and the Inuit. The Pharmacy provided emergency medications, all vaccines and

consultation services to the federal government nursing stations and health centres in Alberta, the Yukon and Northwest Territories. Medications and pharmaceutical supplies were also provided for the weather stations of the Atmospheric Environment Service (AES), Environment Canada including Mould Bay, Eureka and Isachsen.

The pharmacy staff consisted of the director, two pharmacists and two pharmacy technicians. The hours of operation were 0800 to 1700 hours Monday to Friday and two or three hours as required on week-ends and statutory holidays.

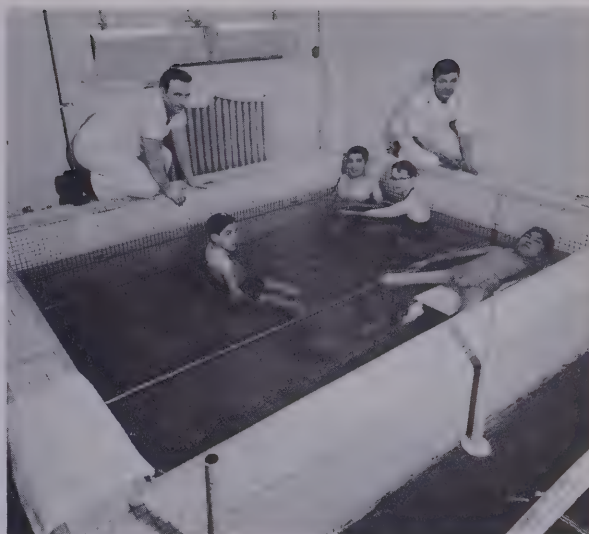
The transfer of the hospital to Metro-Edmonton Hospital District No. 106 on December 1, 1980 was instrumental in many fundamental changes in the pharmacy services. The transfer from Medical Services Branch resulted in an increase in the number of patients admitted with an expansion of the services required. With the addition of more staff a Clinical Pharmacy service for the medical units and an I.V. admixture service for one surgical unit were implemented. As a result of negotiations with Medical Services at the time of transfer, the provision of medications and supplies to the Weather Stations, AES, was discontinued. Services for the federal nursing stations and health centres have been maintained but provision of vaccines was discontinued early in 1983. The Clinical Pharmacy service is now available on three medical units. The hours of operation of the department have been extended to 0800 to 2000 hours Monday to Friday and 0900 to 1700 hours on week-ends, with a pharmacist on call after hours as required. The present staff consists of the director, a clinical co-ordinator, five pharmacists and three pharmacy technicians.

Physiotherapy

by Helen Powelson

Employed July 1963-August 1964; February 1969-present. Physiotherapist, Chief Physiotherapist and, since March 1979, Director of Rehabilitation.

The first physiotherapist was hired by the Charles Camsell Hospital in 1953. Florence (Grant) Hurlburt had no department from which to work. Treatments were carried out at the patient's bedside, and consisted of chest physiotherapy and exercises for patients with bone and joint TB. There was very little in the way of equipment. The carpenters were co-operative and constructed frames to install over the beds so that springs and slings could be used to assist or resist exercise. Some occupational therapy was also practiced by the physiotherapist as there was no occupational therapist on staff at that time, although the hospital could boast of a very active handicraft program with several craft workers.



Swimming pool in the Physiotherapy Department. Nursing orderlies, L. to R.: Bob Tomlinson, Louis Perreault. Physiotherapist: Miss Donna Pollock. Patients: Pat Yellowbird, Julius Hagar, Douglas Jimmy, ca. 1955.

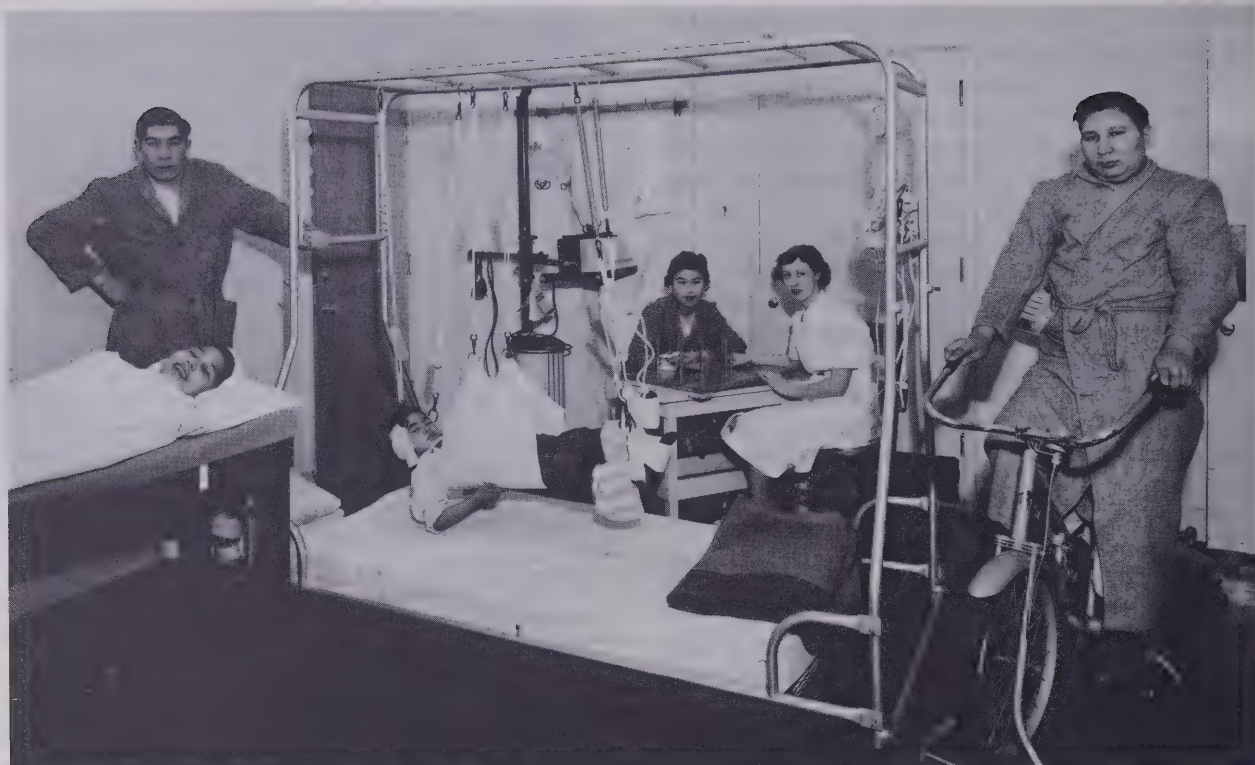
In March of 1954 the Physiotherapy Department opened in one room located at the southeast end of the main building with Madge McCulloch as the physiotherapist. A hydrotherapy pool was completed in December 1954 and was used primarily for polio patients. There were nine to eleven patients recovering from the effects of polio at any one time in the hospital throughout 1954. In addition to pool therapy, patients were taught to walk using braces. Patients were also seen for treatments related to thoracic surgery, TB of the bone and joint, amputation and paraplegia.

In 1955 the first students from the University of Alberta completed internships at the Camsell. At times the department was staffed by physio aides as there were no qualified therapists available. The presence of students in the department depended upon qualified staff.

By 1956 a group was formed to discuss and reorganize the Handicraft Department in the hope that patients would benefit from a system whereby handicrafts would be prescribed by the doctor according to each patient's condition. The physiotherapist, who was a graduate of a combined O.T.-P.T. program, was asked to supervise the Handicraft Department until an occupational therapist was available.

In 1959 Beatrice Martin, the physiotherapist at that time, began the plans for the new department. The present department exists today with only a few changes to her plans.

By 1962 the hydro pool had been covered over and the area was used as additional floor space on which a large mat was placed for mat work. There



The Physiotherapy Department, 1955. Patients, L. to R.: Alexis Nitsiza, John Labelle, Edward Roland, Nora Simpson, Wally Smalleyes. Physiotherapist: Miss Madge McCulloch.

were three physiotherapists. The cast room was across the hall, and the Out-Patient Department and the Operating Room were on either side.

The wax bath was located in the entry way to the Physio Department and on more than a few occasions was known to leak wax all over the hallway and into the O.R. doorway.

In the summertime as much therapy as possible was done outside. "Walking over rough ground" was a good therapeutic exercise, as much for the therapist as for the patient, and the parks across from the hospital and north of the hospital were ideal.

Physiotherapy treatments included chest therapy. Patients were given a bowl of hot water to hold on their lap and a towel to place over their head and the bowl so that they could inhale steam before their chest therapy. Patients were also seen following thoracic surgery for deep breathing, coughing, postural correction and shoulder exercises. Very basic pulmonary function studies were carried out by the Physiotherapy Department in a small room, which I suspect may have been a closet at one time. A clip was given to the patient for his nose and he was instructed to blow into a tube in order to raise a float inside a water filled cylinder. This was a measure of his vital capacity and was recorded on his Medical Record chart.

Patients who had polio returned regularly for new braces and those who had amputations, for new limbs. We watched many children grow into adulthood as they returned for larger and larger braces and limbs. Therapy was also provided for patients with arthritis, stroke, congenital dislocated hip, burns, or other disabling accidents or diseases which would respond to such treatment.

Grand rounds were held weekly with the Medical Director, orthopedic surgeon, physiotherapists, occupational therapists, nursing staff and cast room technician. All orthopedic patients, both adult and children, were visited and their progress was discussed.

By 1968 the Physio Department employed four physiotherapists and one physio aide. Physiotherapy students from the University of Alberta again made an appearance in the department and we began to accept physiotherapy interns from across Canada for training during the summer months. This program has continued, uninterrupted, since 1968.

Physiotherapy by Marla (Sadleir) Stang

Employed 1972 to present. Physiotherapist.

The 1970's began with Helen Powelson directing

a small number of physiotherapists, one aide and a clerk. Therapists wore gray trousers and white blouses and just when the hospital was convinced that this was dull, the staff emerged, en masse, one day, in burgundy uniforms with matching shoes. One spring they surprised the hospital again, by shedding the now somewhat "boring burgundy" for bright green uniforms. These were a hit, not so much for themselves, but because of the improvement over burgundy! Since May 1980, we have settled for a permanent royal or navy blue and white outfit, the colors worn by the U of A physio students who come through the department in a continuous procession throughout the year.

Therapists used to do the chest physiotherapy on children and babies in the department, rather than going to the ward as they do now. It was a familiar sight, twice a day, to see cribs lining our walls, a child awaiting treatment in each. It was a happy place with all those babies to cuddle.

With the increased volume of patients, the staff complement increased and the department underwent frequent renovations, purchased additional equipment and introduced new treatment programs. We added pre and post-natal classes, a pre-operative teaching class and a weekly back care lecture for staff and patients. (The latter is now provided by O.T.) One piece of equipment which is synonymous with physio (or so the public and other departments indicate) is the Hubbard Tank. Who can forget the "hot water" that came about after one unfortunate found himself submerged, fully clothed, by a band of well-wishers!



Mary Hoda, left, and Evelyn Biggs with children in the Hubbard Tank.

As the physiotherapy profession expanded, it was necessary that our department keep abreast of the latest techniques and theories. In-service education and continuing education became a priority in the

department and to this day we remain an active member of several inter-hospital and university teaching, administrative and special interest groups.

Who remembers "Charlie To Hawaii"? Jim Conel, a physical education student, was employed by the hospital and assigned to the Physio Department with a mandate to get the staff involved in a fitness program. He was an energetic and committed person, but fitness wasn't very popular then and Jim had to cook up schemes to get people interested in their own fitness. "Charlie To Hawaii" was Jim's most successful and popular program. It involved individuals, on a volunteer basis, riding the exercise bike in the auditorium, recording their mileage and adding it to that accumulated by other staff in their department. The trophy still occupies space in the trophy case in the cafeteria.

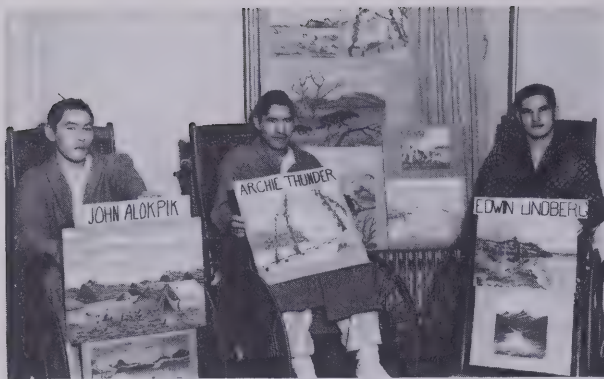
As the Physiotherapy Department entered the 80's, the staff increased considerably, and work in almost every area of the hospital. It is now part of the newly created Rehabilitation Department together with Occupational Therapy and Audiology.

Occupational Therapy and Handicraft by Margaret Cogill

Miss Dorothy Oakden was the first occupational therapist for the native patients from 1946 to 1948. Over the next twenty years other therapists and craft workers included: Miss Harriet Hopkins, Miss Edna McManus, Mrs. Wilhelmina Bennett, Mrs. Grace Adam, Mrs. Frances Russell, Mrs. Alice Carrogher, Mrs. Liliane Wilson, Miss Kay Archibald, Mrs. Lucy Fortier, Mrs. Atlin, Miss Kim Ebbels and Mrs. Ruth Callebaut. The women patients made beaded and embroidered mukluks, moccasins, mitts, beaded belts, lapel pins and Indian and Eskimo dolls. The men made tooled leather belts, handbags, key cases and photograph albums.



Miss Harriet Hopkins, Handicraft Supervisor, with Robert Onespot, Sarcee Indian, 1951. (Credit: National Film Board, Public Archives of Canada, PA-139308).



Three talented patients, 1955. (Credit: Provincial Archives of Alberta, Blyth Collection BL 2213112).

Beginning in 1947 handicrafts were entered in competitions at the Edmonton Exhibition and the Calgary Stampede and were awarded many prizes. At the 1956 Edmonton Exhibition sixty-three prizes were won by Camsell patients.

Patients were paid a nominal sum for the articles sold or the full amount if they had used their own materials. Thus, many earned spending money.

Some of the Eskimo men did walnut or mahogany carvings of kayaks, igloos, dog teams, seals, walrus, bears and birds. When soapstone became available in 1954 the carvers used this medium. The patients were allowed to work only on small pieces, did the carving in their beds and as soapstone carving produces a fine dust, they had to wear masks while working. In 1955 Mr. Harold Pfeiffer, a widely recognized portrait sculptor, joined the OT staff and was



Miss Dorothy Oakden, Occupational Therapist and Sara Kap-tana, Eskimo patient, making mukluks, 1948.

in charge of Eskimo carving and handicraft. He said the Eskimos were natural sculptors and needed no instruction. Mr. Howard of Canadian Pacific Airlines requested fifty soapstone carvings for presentation to each delegate making the inaugural flight over the North Pole on June 2, 1955. After seeing what the Eskimo carvers produced, some of the Indian men also began to do carving. The men produced copper and plastic jewellery, did copper tooling and made greeting cards using the silk-screen printing process.

The dolls made by the Eskimo women were stuffed and dressed in parkas and mukluks. The first Indian dolls had to be supplied with black wool braids before they were dressed but later commercial Indian-type dolls became available. As well as bead work the women did beautiful embroidery and crocheting. Some did special orders for members of the public who supplied their own patterns and materials. Many lovely articles were knitted.

In 1955 seven ladies on advanced exercise routines attended a sewing course and each completed a garment for themselves. Patients who could work in the OT department used the sewing machines to make clothes for their families. After discharge some of the patients continued to do craft work at home and sent articles back to the hospital to be sold.



Miss H. Hopkins, Handicraft Supervisor, in O.T. Office, 1953.

The children enjoyed doing sewing cards using yarn, embroidering pot holders and making doll clothes as well as stuffed dolls.

Other places where Camsell handicraft items were displayed included the Albertacraft exhibitions at the Jubilee Auditoriums in Calgary and Edmonton, the British Empire Games in Vancouver, conventions in Banff as well as at the YMCA, a Brownie and Guide banquet and convention at the Macdonald Hotel. Craft displays from the hospital toured at provincial and national exhibitions and an international exhibition in California.

By 1959 the Occupational Therapy Department was progressing towards a medical therapeutic pro-



Connie Nelvanna, Eskimo patient from Coppermine, 1955.
(Credit: Dept. of National Health and Welfare, Public Archives of Canada, PA-139314).

gram rather than a handicraft program. Dr. Matas was a member of the Honorary Advisory Council of the Canadian Association of Occupational Therapy. Patients with upper extremity amputations were assessed and trained by the OT department.

In 1968 Mrs. Callebaut and her staff organized a program with the pediatric department for regular group activities in the OT department and in the auditorium. The nurses reported that the children rested better after using up their excess energy.



Male patients in wood work area of O.T. Department, 1968.

The move to the bright new quarters on the west end of the ground floor in the new hospital provided patients with more work space and the facilities to practice Activities of Daily Living. The need and demand for therapeutic occupational therapy had increased to the point that by 1970 there were two occupational therapists on staff and two craft workers. With the advances in the treatment of TB, patients were in the hospital for a much shorter time and the diversional carving and sewing activities decreased and were replaced by therapeutic occupational therapy programs.

CHARLES CAMSELL HOSPITAL

RECORD NO. 1949-1985

NAME: MEDICAL RECORDS DEPARTMENT

Case Summary of the Department

by Antoinette Grenier

At the onset the Department had custodianship of the patient records for the hospital and the X-ray readings for the Foothills Region. Miss Ethel Mays and Mrs. Roberta Gibbs transcribed readings of the X-rays taken in the Charles Camsell and those taken during the annual X-ray surveys.

In November 1954 Mr. Max Clark, R.N., MRL was employed as director for the Medical Records Department. Max was a most interesting and versatile person, a talented pianist, organist and a singer in numerous light opera productions in Edmonton.

1958 saw the arrival of an assistant to the director, in the person of Miss Antoinette Grenier, Registered Record Librarian (RRL), followed shortly by Miss Natalie Diakin as medical records clerk. The assistant achieved notoriety in the medical records field: Charter President of the Alberta Association of Medical Records Librarians; chairman of various committees. Prepared a comprehensive Dictionary of Medical Abbreviations. 1968: Mrs. Rita Werstiuk, RRL joined the department as staff MRL. Rita demonstrated special talent at data retrieval and was the first RRL in Edmonton to become a Health Record Analyst.

1969: Max Clark retired due to ill health. A. Grenier assumed directorship, with R. Werstiuk as assistant.

1979: Miss Grenier retired. Mrs. Werstiuk resigned.

1979: Noreen Ruben became Director.

1979: November to May 1980 — Christie Zelman, Director.

1980: August to present — Sandra Moffatt, Director.

Physical Examination:

From a small room where the walls crowded the occupants, the department evolved to a multi-facet unit comprising a large transcription section, secondary filing area, pneumatic record dispatch system and a dumb-waiter lift to service the Out-Patient Department.

Progress Notes:

- 1954: Disease and Operation Indices, also Patient Master Index implemented.
- 1955: File cabinets relegated to proceed to alphabetic shelf filing of patient records. Improved charge-out system set up.
- 1956: Medical Records supervisor visited hospitals of the Foothills Region to assess the records systems in effect in each. Field staff received in-service sessions at Camsell. The entire medical library together with nursing publications were now located in the MR Department.
- 1965: Camsell, along with 60 Alberta hospitals, joined the CPHA (Commission on Professional and Hospital Activities) program, a computerized medical records information system. This necessitated adopting ICDA(H) (International Classification of Diseases Adapted (Hospital)) in lieu of SNDO (Standard Nomenclature of Diseases and Operations). Records were now abstracted, data forwarded to Ann Arbor, Michigan wherefrom numerous reports were returned to the hospital.
- 1966: Medical Photography Disease and Operation Indices initiated for medical photographs located in MR Department. Photo data correlated to patient record giving the doctors first-hand information on all available clinical photography.
- 1967: Move to new building (July). Filing system upgraded by adoption of terminal digit method. Activities increased dramatically.
- 1969: Transcription Section joined MR Department under capable supervision of Mrs. Nancy Kulchisky. Shortly thereafter a centralized dictation-transcription service was offered to the medical staff. Disaster Patient Record initiated to meet requirements of the Hospital Disaster Plan.
- 1971: First intra-mural student from the Northern Alberta Institute of Technology, Medical Records Program spent six weeks apprenticeship in MR Department. This evolved into a yearly project.
- 1972: The MR Department set up a Department Forms Manual, then was requested by Administration to proceed on a hospital-wide project.
- 1973: Upon recruitment of a hospital librarian the medical library was relocated.
- 1976: A master summary of diagnoses and operative procedures was introduced and attached to the patient record.
- 1977: Out-Patient Records were moved to the MR Department thus achieving a centralized filing system.

Summary

The early decades of this department represented a period when "Medical Records" was a neophyte on the hospital scene. We were privileged to be part of that unique experience: for we, the predecessors, established the base on which better and greater accomplishments could be achieved.

Investigative Section (X-ray, Lab., etc.)

The Department played an important role on various hospital committees, namely: Medical Records, Infections, Utilization, Medical Audit, Therapeutic Abortion, Library, Forms. The staff conducted investigative forays into patient records retrieving data on various medical or administrative activities; research projects intra, and extra-mural; release of medical information to bona fide individuals or agencies; data for committees or para-medical staff. In addition statistical information was culled from numerous PAS-MAP computer print-outs.

Nursing Notes (Department Log):

- 1955-67 MR personnel became quite adept at scaling a 7-foot ladder, retrieving records on demand. A department diary was started.
- 1957 Mr. Clark startled us! Head shaven, complexion darkened; all primed up for the lead role in the light opera "The King and I".
- 1968 Mini-flood from overflow in Maternity Ward above MR Department. Thanks to the ever serviceable plastic garbage bags — disaster was averted.
- 1969 One somnolent physician, likely dictating in the wee wee hours, confused age and admitted adult male for "Breast Feeding".
- 1978 Hip Hurrah! MR Department won 2nd prize in hospital Klondike decorating contest.
- 1967-78 Operation "Mop Up" became a spring ritual as frost laden south wall windows adopted a drip . . . drip . . . stance.



The Out-Patient Department

by Stella Bilins (Bentley)

*Employed 1954 to 1957 as General Staff Nurse.
1957 to present in charge of the Out-Patient and
Emergency Department.*

When Miss Taylor offered me the position of Out-Patient Department (OPD) nurse in 1957 I was excited and overwhelmed. I had been working on the wards for three years. I am grateful to the late Martha O'Brien for recommending me for the position.

The OPD consisted of a two room affair. One was an examination room outfitted with a white enamel steel examining table, a small desk and chair and a small electric sterilizer for boiling instruments; the other was a small office. At the entrance to the area were two cubby holes approximately 3 feet square. One contained an X-ray viewing box, a chair and a small work table. Dr. McCormack read all of the chest X-rays in this corner and classified each with a number indicating the status of the patient's lungs. The second cubby hole was designated as the mail room for the medical staff.

In the beginning the "doctor on call" for night duty was also on call during the day for any patient in need of medical treatment in the OPD. It was my duty to assess the patient's condition, then phone the doctor (a process we now call "triage"). This coverage was adequate for the ten to twenty patients seen per day. The out-patient department also was responsible for Staff Health, which was under my jurisdiction. Comprehensive staff kardex records were initiated indicating visits for illnesses, all immunization given and employment physical examinations done. As the hospital was a TB sanatorium at that time, staff were required to have a chest X-ray every three months. Each month I sent out the list of names of staff members due for X-ray.

Was the job boring? Far from it! During the day, if no patients arrived, I volunteered my services as "nurse immunizer" for the patients throughout the hospital. Salk vaccine and TABT were among the most important vaccines to be given. This was an enjoyable task as I knew all of the patients well, having rotated as "strep nurse" for two years.

Medical Records Department was located down the hall about a half block away. To obtain a record required walking to the department and climbing a seven-foot ladder to retrieve the file, signing it out and returning to OPD. I often felt I would have no trouble becoming a roofer as I could probably run up any ladder with a load of shingles. The OPD record of treatment was a simple white form on which was written the personal data and the history and treatment notes made by the doctor. A log book of patients' visits was kept for statistical purposes, much the same as it is today.

Pharmacy was manned by one pharmacist and a helper, and all prescriptions were filled there. When the pharmacist was not available I filled prescriptions and obtained supplies for the TB wards if needed immediately. After the pharmacy was closed for the day prescriptions were filled by the evening and night supervisors.

The Dental Department was headed by Dr. Carley and later by Dr. Campbell. This was a busy area as both in and out-patients were treated five days a week. All treaty Indians and Eskimos received free dental service.

The waiting room consisted of a small room 12 feet square with wooden benches for seating. Here, at any given time, you might find sundry individuals waiting, sleeping, courting or "sleeping it off".

The cast room was situated across the hall and was a busy area. Many hospitalized patients who had tuberculosis of the bone (mostly spine) had their plaster casts applied here. Les Giles and Stan Rees were the first cast room orderlies.



Visitors in the waiting room, ca. 1958.

The admitting office was near the OPD. All admissions after 5:00 p.m. were done by the nursing supervisor on duty. Often during lunch hour when the admitting officer was having her break, I would initiate the admissions. The procedure was relatively simple and done in a matter of ten minutes. This would allow the new patient to have a meal before the food wagon left the ward. Many of the TB patients came from distant places and were exhausted and hungry by the time they reached the hospital.

The Public Health Nurse for the Edmonton Agency at that time was Doris Melanson, a former Camsell employee. Making regular weekly visits to several Indian reserves, often accompanied by Dr. John Newton, preventive medicine was taught, schools were visited and the Indian people encouraged to come into Camsell for treatment of their ills. We began to see an increase in patients coming to OPD.

By 1961 our staff was increased to include a nursing assistant, Miss Edith Lafferty; a nurse on the weekends, Mrs. Rita Morin; and a full-time doctor, Dr. C. McCormack. In 1963 Mr. Joe Atkinson joined us as the nurse for the evening shift.

During 1963 as immigration to Canada increased, the majority of sick new Canadians were brought to the Camsell for examination and treatment. Some days the hallway was full. It was a very interesting time. I especially remember the Hungarian people and admired their courage in leaving behind everything they owned to seek freedom.

In 1965 pre-natal clinics were planned with Dr. Steve Parlee and were well attended. Now babies were delivered at the Camsell Hospital instead of at home.

Mrs. Penny Friese came to our staff during this period. We started to have regular orthopedic clinics conducted by Dr. Singh. At that time he was

orthopedic surgeon, neurosurgeon and plastic surgeon; he trained physiotherapists in muscle testing; taught methods of applying casts to the cast room orderlies and took night and weekend call for the hospital on a rotational basis. He was a busy man with an average of eighty patients to attend in the hospital as well as reading all the orthopedic X-rays for the hospital and the northern areas. Quite a job for a young fellow!

In an office across the hall we started regular Eye, Ear, Nose and Throat (EENT) clinics with Dr. A. D. McDonald attending all referral cases. There was a high incidence of otitis media (ear infections) and phlyctenular keratoconjunctivitis was common as it is a disease of the eye associated with tuberculosis.

By this time our facility was much too small, so remodelling was done to afford us one more examining room. And, again, a year later we expanded to three rooms.

We began to see many native children. They suffered from impetigo, scabies, pneumonia, tuberculosis and gastro-enteritis but few were malnourished.

The Camsell had a commitment to attend to the health needs at Indian residential schools, native detention homes and all foster care children of Indian ancestry living in Edmonton. In fact all treaty Indians and Eskimos were our responsibility in the health field. There were now 5,000 patients per year coming to the OPD.

In 1964 construction of the new hospital began. It must be kept in mind that it was still designated as an Indian and Eskimo health facility. After a long wait moving day finally arrived! Ida Dumont, Erwood Hunter and I moved our equipment to the new building in early July 1967. Bright, colorful and new! The floors were light-colored tile, not dark brown lino. Rooms were spacious and the staff was happy! We had a minor O.R. theatre, three examining rooms and a staff health office with Mrs. Rena Beer as the nurse. The dental area was almost as large as the entire new OPD.

It was not long before we knew that we must make changes and gain extra space. The Alberta Government introduced a health care plan for all Albertans including treaty Indians and Inuit residing in the province. Individuals now had the opportunity to choose which health care facility they wished to use. This also opened the door of the Charles Camsell Hospital to any person wishing to enter. This created a whole new scenario.

Dr L. Chou was in charge of OPD with Dr. W. Krynen joining the staff shortly after. In 1968 Marie Cardinal transferred from the Operating Room to

become our appointment clerk. Margaret Wittman was one of the first R.N.'s.

By 1969 we had begun scheduled clinics in all fields of medicine: General Medicine, General Surgery, Pediatrics, Orthopedics, Obstetrics, ENT and Ophthalmology. We had now climbed to 16,000 patient visits per year. In 1973-74 the dental area was moved allowing an expansion to six more rooms.

During the years between 1970-79 we were requested to be the administration centre for Yellow Fever vaccine for the Province of Alberta. People were "on the go" those years. We gave vaccines to as many as 250 people each month and met many interesting travellers, Premier Peter Lougheed being one of them!

In 1980 we acquired four additional examining rooms which were designated for scheduled clinics. Our statistics showed that patient visits had escalated to 58,300 during that year! In 1979 the "Boat People" arrived. They were screened and the sick treated in our OPD before they were sent on to their final destinations. One person was diagnosed as having leprosy — the first time any of us had encountered this disease. Incidentally the patient was put on treatment and allowed to live a normal life.

In 1981 renovations to our maximum security rooms were completed to allow four rooms plus a nursing station for clinic space. The construction of a two-bed receiving and treatment room for acute emergency cardiac care was also underway.

It seemed that we were continually "making over" our department. Once again in 1982 we were under jack hammers and saws, tearing apart existing space to make more rooms. A large room to accommodate five stretchers for acute care patients was constructed. Cardiac monitors were installed and extra equipment purchased to make a very efficient area for patient care. In September 1983 OPD and Emergency Departments were physically separated and each area was allotted its own staff.

The hospital had installed, in the emergency department, a radio receiver for on-site dispatch from ambulance paramedics directly to the department. This was a giant step forward in initiating care at the ambulance site. Dispatch calls are received and answered by the emergency physician who gives direction for immediate treatment to help stabilize the patient's condition en route to hospital.

Sixty thousand people were seen and cared for in emergency and OPD by the end of 1984, an average of 5,000 per month — a long way from the first years!

We have gone through many changes. With the demand for more out-patient services, the Camsell ambulatory care has become a vital part of the contri-

bution by the hospital to the community and to the city.

To the nursing staff who have worked with me over the years, I extend my thanks for being a part of a growing service and for withstanding many changes in the physical set-up as well as in medical and nursing practices. For me it has been a most enjoyable twenty-eight years.

To mention a few pioneers in the ever-changing faces of our department since 1958 seems appropriate at this time, as they were the builders — the care givers of a service that grew and grew: Drs. Colin McCormack, Joe Nylander, Nick Zalesky, Cam Corrigan, Bob Fleming, Allan McDonald, Zoe Thompson, Norbert Schweda, Hal Haynes and Bea Graham all of whom were in charge of the OPD at one time or another in the 'old' hospital.

Drs. Lin Chou, Willie Krynen, Rick Swanson, Max Plageman and Terry Sosnowski have been in charge respectively since 1967.

Plans for the future include change again to a yet more sophisticated design with more advanced methods of health care delivery.

Under the guidance of our present administrators, Mr. Bill Dartnell, Miss Jean Newman and Mrs. Barbara Geyer, these plans will be completed, perhaps to change again another time.

Janitors

by Max Conaty

The janitors were responsible for cleaning and maintenance of the floors and hallways in the hospital. Ward janitors were assigned to individual wards for daily cleaning purposes and their duties differed from those of a janitor assigned to the first floor in the main building.

To be a good ward janitor a person had to be an "opportunist", always alert to take advantage of any opening that would allow him to work in the wards. His "time-in-the-ward" was hindered by schedules and staff including rest periods, nursing and medical rounds, and meals being served to patients. A janitor had to do a thorough cleaning job while keeping out of the way.

Long term patients usually accumulate a great number of surplus personal effects. To accommodate these items extra ward furniture was required for storage. Our patients were often very particular about their possessions and were not amused when these were moved or touched by staff. This presented problems to the janitor and a fellow with "controlled nerves" had an advantage over the average individual.

The hallways and the walls in the corridors were

the ward janitor's salvation. A long quiet hallway, with no furniture, no patients, and no staff was an area where he had full control of the situation. Just sweep, mop and polish. This was an opportunity for a fellow to show his ability to maintain a handsome finish on the floors and walls in his area.

One problem the main floor janitors always found to be present was footprints. People using the main entrance would pick up dust and dirt on their footwear and this was always deposited on the shining, waxed linoleum floors. This was very discouraging to an earnest worker.

Some months after the hospital was functioning, word was received that the Minister of the Department of National Health and Welfare was to pay a visit to the hospital. This was discussed with the janitors, in order to ensure a little extra effort to make things sparkle. To avoid the presence of "footprints" at the main entrance, the janitor responsible for that area came up a foolproof plan which was quite simple. He would continue to polish the entrance floor until given the signal that the V.I.P.'s had arrived. He then would manoeuvre the polisher into the broom closet, go in quickly himself and close the door. Everything went according to plan. The party arrived on time, the janitor was out of sight and the floors had a brilliant shine. The V.I.P. party, however, did not proceed to the dining room as expected, but stopped in front of the broom closet to meet a few people. The party did not seem interested in making a move to the coffee room. Our concern was the janitor in the hot, non-ventilated broom closet! Finally, the party moved on and we signalled that the coast was clear. Fortunately, he survived the ordeal although he looked a bit bewildered, and he recommended that we **not** try that "blankety-blank idea again!" A good idea had gone sour.



The janitorial staff consisted of twelve men. Their classification in the early days was hospital attendant. Although they were assigned to the wards for duty, they were not required to take part in patient care.

Housekeeping by Larry Bradley

There was no housekeeping department in the hospital when it was taken over by Indian Health Services in 1945. The cleaning of the hospital more or less followed the army routine. Max Conaty, who was the Ward Master and in charge of the orderlies, was placed in charge of the male caretakers. The matrons were responsible for the cleaning women.

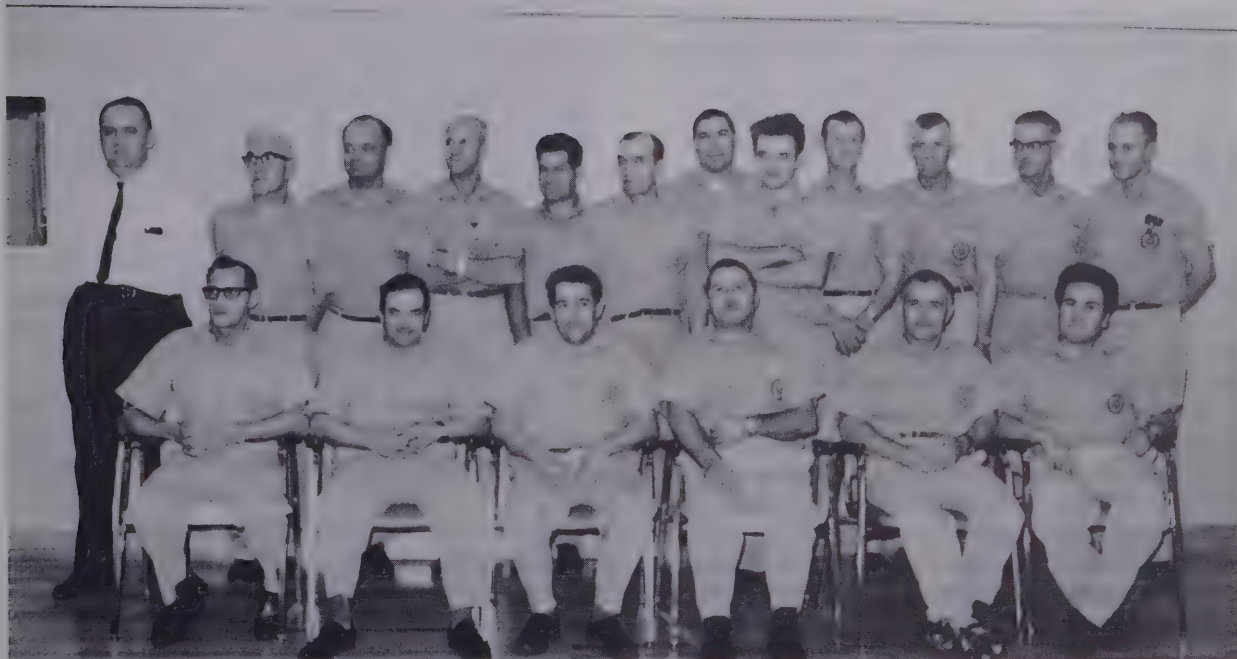
The caretakers were general "Joe Boys". In addition to keeping the floors and walls clean they helped push the heated food carts three times a day from the main kitchen to the wards. They picked up all the wet and dry garbage from all areas of the hospital and helped move ward furniture, as well as furniture in the single staff quarters when required. They frequently picked up and delivered the stores supplies. The cleaning women also did far more than sweep floors and wash bedside tables. They helped serve meals to the patients and did many other jobs. They were all dedicated and hard-working people.

In the first few years it was impossible to purchase sweeping compound. The only vacuum cleaners available were those the army had left — a couple of well-worn ones! The cleaning staff had to use dampened sawdust on the floors to keep the dust down before sweeping it up with large push brooms. The army had left a couple of old floor polishers which were used in all areas of the hospital. Most of the floors were covered with red or green battleship linoleum to which paste wax was applied by hand and then polished by machine. Eventually a battery-operated scrubber machine was purchased. It was also used to polish floors. The caretakers thought they had it made. In the early fifties, synthetic liquid floor finishes came on the market; no more paste wax, and no more slippery floors. However, all floors had to be stripped before this new finish could be applied. Keeping the floors clean was a tremendous task as there were many doors to the outside on all the wing wards and along the Burma Road.

In the early fifties a housekeeping department was established. Mrs. Thompson was appointed the first executive housekeeper, to be followed by Mrs. Campbell on a temporary basis. Eventually Mrs. Burgess was appointed as the permanent housekeeper. The housekeeping department then took over the responsibility for all the cleaning of the hospital



Housekeeping Staff, ca. 1968. Standing, L. to R.: (Unknown), Ruth Dupre, Marian Phelan, Mrs. Goural, Louise Forse, Louise Epp, Avis Hayne, (unknown), Sophie Mazlowski, Kathie Popowich, Nellie Dukiewicz, Evelyn Johnson, Millie Mock, Julie Barnes, Jean McRae, Sophie Gawlikowska, Viola Kosubski, Mary Wosniki, Joyce Ozenchuk, (unknown), Luva Kukurba, Jane Bostrom, Kathy Farris. Seated: Della Hutton, Lucy Shelemey, Elsie Weginest, (unknown), (unknown), (unknown). Missing: Emma Licis, Florence Fabien, Bessie Olson, Pearl Ranch.



Housekeeping Staff. Standing, L. to R.: Larry Bradley, Klaus Doesberg, W. Marshall, Paul Pederson, G. Ricca, Frank Prack, A. Ducharme, Eric Mondue, John Williams, (unknown), Leo Beaudoir, Phil Pelletier. Seated: Peter Bear, (unknown), (unknown), Peter Serra, Carman Coccimiglio, Vince Sappiritto. Missing: Dominic Cote, Ernie Strachan.

and the single staff living quarters, as well as the linen distribution, the sewing room and patients' clothing stores. Mrs. Burgess retired in 1962 and was followed by Mr. Ernie Silverman. It was quite a change of pace for him after twenty-one years with the Canadian Army. In 1965 Ernie accepted the position of executive housekeeper at the Foothills Hospital in Calgary.

Larry Bradley, the former storeman and purchasing agent, was appointed to the housekeeping position in 1966. By that time it was well-organized and operating smoothly, and the move to the new hospital was not too far away.

In the spring of 1967 McNamara Construction, the contractors for the new hospital, hired many of the housekeeping staff on their days off to clean the new building. All the floors had to be stripped, sealed and have floor finish applied.

The move of the patients' clothing stores, sewing room and linen room went very well. These three departments remained the responsibility of the housekeeping department. Due to the larger sized building, the staff was increased which created a need for two supervisors. Mrs. Jane Bostrom and Mrs. Bessie Olson were the first housekeeping supervisors, and later Ernie Strachan was appointed evening supervisor.

In 1973 Larry Bradley was appointed Fire Marshal and Safety Officer, and Jane Bostrom took over the position of executive housekeeper. Mrs. Bostrom retired in 1981. Gunther Back, who had been a supervisor for a number of years, took over her duties.

Zofia Gawlikowska

Employed 1955-1970 in the Housekeeping Department.

Zofia Gawlikowska was born in Poland. During World War II, she and her husband joined the Polish Underground Army. They were eventually captured and sent to a concentration camp; her husband was shot and killed in an escape attempt.

Zofia spent the next three years in different concentration camps: Auschwitz, Birkenau and Belsen. Following the liberation by the British Army, Zofia worked for two years as a ward orderly in a hospital in Epsom, Surrey, England.

She came to Canada as a landed immigrant, classed as a Refugee from Geneva, Ex. Political Prisoner, Polish Army Underground.

During her 15 years at the Camsell Hospital, Zofia contributed many hours of her time to the upkeep and decorating of the Roman Catholic Chapel, especially at Christmas and Easter.

She still works as a volunteer at the hospital and was recently presented with a 200 hour volunteer pin.

Dear Editor,

I am former employee of Charles Camsell Hospital, and also retired from this hospital in 1970, June 9. I did start working in this place, 1955 in September. It was really hard job — janitor and housekeeping, but I was happy to receive first salary — 115 dollars a month. During the time of my work, we had different bosses, some time good, some time bad. Mr. Bradley became our Boss one day — and all housekeeper staff was very happy. I never forget one summer Sunday, when our Boss make inspection of all hospital wards, and he don't find any housekeeping staff on the wards. After this Sunday he call emergency meeting for us. We was very frightened. He said to us "I was looking for my housekeeping staff all over hospital and I find one or two working. Where did you all been?" Exactly we had, between us, not work hard on Sunday. Take easy only do what is necessary. After that come new supervisor lady, very nice lady — who has extra talent — find for us, most very hard heavy job for Sunday only.

When I was working in the wards on Ward 2, my head nurse was Mrs. Hamilton, magnificent person and nurse, and good Canadian too. One time when I wash floor corridor and screw-bolt get off from my bucket, and then I go to the nurse's office to ask about key driver. Mrs. Hamilton was in. "May I receive French key, Mrs. Hamilton? My bolt in pails get off, I like fix my self, please." Mrs. Hamilton brought to me this key and said, very angry, "Sophia, this key are Canadian screwdriver, not French. Remember that, if you live in Canada." Don't ask me how I feel in this moment. A little explanation — in Europe, we call this key "French" before. Now is changed for universal wrench.

Thanks to Almighty God for this work, all together, was nice security life until now.

Yours truly,

Zofia S. Gawlikowska

P.S.

In old hospital I had beautiful grey cat with blue eyes. I feed him seven and one-half years. I love him very much. We was same situation — homeless.

Patients' Clothing by Max T. Conaty

It was apparent that patients returning home following a lengthy stay in hospital would require an issue of suitable clothing. Frequently patients admitted in summer were discharged during the winter or vice versa. The young generation just grew out of

their clothes or many, of all ages, became “too large” to get into their own clothes.

The clothing section was set up in the hospital stores under the supervision of Larry Bradley. There was no difficulty in having the new clothing accepted by the patients. Two items in particular were popular with the males. For the men, it was a winter cap with peak and ear flaps. The large selection of great colors made it difficult to make a choice. For the younger fellows, a fur cap, Davey Crockett style, was a real prize indeed. Jim Rutherford, a witty storeman, always referred to these items as “the frosting on the cake”.

Our record for clothing patients was, we thought, very good. However, there was one case that could be rated as marginal. A patient from the Sarcee Reserve, near Calgary, was being discharged. He advised the nurse in charge of his ward that his clothes were quite new and fit very well. He was quite right, except his observations were based on the day he had arrived, about a year before. When he appeared at the stores, his stature and talk were cowboy style (the witty storeman started to whistle “Give Me My Boots and Saddle”).

He put on his hat — Big Smile

He worked his feet into the boots — Big Smile

Tried the pants — No Smile

Tried the shirt — No Smile

Too many calories! Too many rest periods! The fellow went into a state of mild shock. To get things back to normal we suggested he pick out a suitable shirt and pants from our stock, take his cowboy clothes home with him and no doubt once he got back in the saddle there might be a chance that he would slim down and be able to wear them again. The distressed patient departed with the cowboy suit under his arm.

Jim, the storeman, remarked, “I can’t agree that he will have a chance to slim down once in the saddle. My observation is that there is a ‘slim chance’ he will ever wear his cowboy outfit again.”

No doubt the observation was correct.

Patients’ Clothing Stores

by Larry Bradley

Employed 1947-1975. In 1945 and 1946, Larry Bradley was employed by the Department of Veterans Affairs as a Casualty Rehabilitation Officer. This kept him in close contact with the DVA patients at the Camsell Hospital. In 1947, he transferred to Indian Health Services as Head Storeman at the Camsell, until 1964. From 1965 to the summer of 1966 he was the Purchasing Agent, and from 1966-1973, Execu-

tive Housekeeper. From 1973 to retirement in 1975, he was Fire Marshal and Safety Officer.

The Patients’ Clothing Stores was located in the north-east section of the basement in the main building. Like the rest of the basement, it was always hot and stuffy. Storage space was limited on the wards so all of the patients’ clothing was sent to Stores.

The stores staff was responsible for itemizing each article of clothing and sending soiled clothes to be dry cleaned or washed. Trousers, coats, shirts and dresses were all put on hangers, labelled with the name of the individual, put into cotton clothing bags (which were made in the sewing room), hung up properly and given an identifying number. A copy of the clothing list was sent to the ward to be placed on the patient’s chart. There was also a steam-heated autoclave which was used for sterilizing patients’ clothing. When a bag of clothes was sent from the wards with a red tag attached, the tag indicated that the contents had to be handled with care and be autoclaved. The stores staff checked the clothes and took out the leather shoes, mitts, belts, and other items that had a tendency to shrink with intensive heat. On one occasion a summer employee who was handling the clothes got carried away and put everything into the autoclave, including a new pair of leather cowboy boots. In fifteen minutes, the men’s size 10 boots were a child’s size 10! However, with the diplomacy of Max Conaty and the promise that a new



pair of boots would be purchased when he was ready to go home, the patient wasn’t too upset.

Charlie Rogers listed patients’ clothing from 1945 until he retired in the early fifties, and then Jim Rutherford was hired. One of his many duties was listing the patients’ clothing. It wasn’t long before he had a sign over the door to Patients’ Clothing Stores which read,

**“We fit them all
the lean, the fat, and the tall”**

Alf Kublik was hired in 1957 to work in Stores and it

wasn't long until Jim was teaching Alf the listing of clothes.

In the forties and early fifties the majority of the patients were long-term. When a patient was being discharged, especially those from the northern half of the province and the N.W.T., there was a lot of preparation and team work required including transportation, meals, communication and, in many cases, the provision of escorts. One of the many requirements was proper clothing. Many of these patients were admitted in the summer and discharged in the winter, or had been in hospital so long that they had outgrown their clothes. In the forties and fifties the nursing staff was responsible for ensuring that the patients were properly clothed. Miss Cogill took care of the women and children, with Max Conaty taking care of the men and boys. In the late fifties these duties were transferred to the Housekeeping Department and Jane Bostrom was given the responsibility for seeing that all patients were properly dressed for going home. On Jane's days off, or during holidays, Emma Licis from Housekeeping or Evelyn Jonzon from the sewing room would fill in. With the help of Jim Rutherford, the patients were always adequately dressed for the homeward journey.

Eskimo patients going home were issued two sets of winter and summer clothing. The extras were packed in a duffle bag along with a sleeping bag, which was a must. Consequently, a good supply of winter and summer clothing, as well as sleeping bags, had to be kept in stock at all times. These were supplied by the Department of Indian and Northern Affairs.

Many of the patients from Edmonton and surrounding area would often require extra clothing. Much of this was supplied through the generosity of various organizations. The clothing was always cleaned and mended. Many of the items were hand-made. There were diapers, and many baby clothes such as undershirts, underpants, overalls and sweaters. The hospital staff was always most grateful for the provision of the clothes.

Many individuals would also donate good used clothing. Emma Licis, who was employed in Housekeeping, lived with her aged mother. She and her mother knitted over 700 pairs of mitts from donated wool and wool from sweaters that she unravelled. She also used donated clothing to make nighties, baby blankets and linings for infant coffins. The small coffins were made in the carpenter shop.

On one occasion some kind soul got carried away with donations. One morning a well-used mattress and a box of well-used clothes were found leaning against the receiving door. The donor was never located.

Many of the Eskimo patients from the Western and Eastern Arctic brought with them everything that they owned — all their clothes, eating and cooking utensils, and a sleeping robe which, in many cases, was made from seal-skin or caribou hides. Often their complete wearing apparel was made from hides: caribou trousers and footwear, and seal-skin parkas and mitts. These hides were sufficiently treated to accommodate the wearer's needs to live in regions where the temperature was below freezing most of the time.

When these furs were stored in a warm room, with no ventilation, it wasn't long before the odor from the garments permeated all the other clothing. The X-ray department complained of a strange smell in their dark room, which was located on the main floor directly above the clothing storage area. These furs could not be washed or dry cleaned and after the experience with the autoclave, that also was out of the question. Arrangements were made to have all these furs stored with the Hudson's Bay Fur Storage. They were only too pleased, as this meant a few more customers.

The following autumn a call from the Bay informed us that they were receiving complaints from their regular customers that there was a peculiar smell from the furs that they had taken out of storage. Needless to say, it wasn't too long until all the furs were back at the hospital. This led to the construction of a small building (approximately 12 feet by 18 feet) made from cement blocks. There was an outside entrance, no heat and plenty of ventilation. This served very well for the storage of furs. At the same time a fumigating cabinet, made by the maintenance staff from two metal showers welded together and air tight, was used to fumigate the furs to destroy moths and other insects that could ruin them. This was also outside. The pharmacist made a solution of formaldehyde and whatever else was required. The fumes from this mixture worked well. Whenever clothes that needed extra care came from the wards, everything including leather boots went into the fumigator for four or five days. This procedure continued until the move to the new hospital in 1967.

Eventually Patients' Clothing Stores was phased out, as the hospital began to operate more like a general hospital with the individual patient's clothing being stored in the rooms on the wards.

Charles Camsell Stores 1945-1967 by Larry Bradley

In 1945 and 1946 the Stores staff was composed of ex-army personnel who stayed on after the hospital was turned over to the Indian Health Services. In

January 1947, the first Head Storeman was appointed by the Health Services. That created changes in the Stores personnel and eventually only two of the original staff remained. They were Charlie Rogers and Alex Dunn.

As there was no laundry at the hospital, all the linen had to be counted as it was sent out and also as it was returned. At that time this was the responsibility of the Stores Department. The soiled linen was trucked to the railhead laundry by one of the hospital drivers. This was the laundry established by the Americans and sold to the Canadian government after the war. It was located at 142nd Street and 108th Avenue.

As of January 1947 the only inventory of equipment was that done by the Army. In typical army fashion, page after page of equipment was listed with no indication as to the department to which it was allocated; or who was accountable for it. In many cases there were no model or serial numbers listed as well as no purchase cost.

It was a huge task for the Stores personnel to locate all this equipment and make a proper inventory. When this was completed, equipment was assigned to the appropriate hospital department and department heads were made responsible for their own equipment. In the process of listing the equipment, two Canadian Army rifles were found wrapped in a grey army blanket and well hidden between the floor joists in the basement. The army wasted no time in having them picked up.

When the Americans built the living quarters they also built a fire hall. It was fully equipped, complete with a fire truck, and had accommodation for a full complement of firemen. In 1947 the hospital and the city made an arrangement for a direct alarm line to the city fire hall located on 109A Avenue and 126th Street. This eliminated the need for the fire truck and it was sold to the town of Wetaskiwin. At the time of the sale it had travelled less than 100 miles as it had only been used for fire drills.

The storage facilities in the hospital were not the best. All supplies, except food, were stored in the basement and with no elevator service to the basement everything had to be carried up and down the stairs. Both staircases were no wider than 36 inches with one having a 90 degree turn half way up.

There was a small area allocated for the pharmacy stores. Owing to the physical set-up of the building and the limited amount of space, their supplies were not under the most rigid control. Consequently, some of the more attractive items, such as alcohol, often disappeared more quickly than the regular requirements called for. On one occasion one of the stores helpers was dipping into the alcohol a

little heavier than usual and as he was coming up the stairs with an armful of supplies, the stairs seemed more of a ladder. He could not hang on and down he went, supplies and all. He kept insisting that someone had pushed him but his breath was so strong it would not have been safe to light a match in the vicinity. Needless to say, taps with locks were put on all alcohol barrels shortly thereafter.

Air conditioning was non-existent and with all the hot steam pipes running along the ceiling of the basement, some of the work areas were very warm. By 1950 all the purchasing (except food and minor miscellaneous supplies) was done by requisition to head office in Ottawa. This system required bulk purchases and more storage space was needed, resulting in the excavation of the south half of the basement to store a four month supply of drugs, linen, cleaning supplies and stationery. This turned out to be a blessing as two large receiving doors were installed at the south end as well as two large fans. These made a big improvement in the working conditions.

In 1950, the first audit by the Treasury Board was conducted for all stores and capital equipment. By that time a complete inventory had been taken and everything was operating on a routine schedule, including daily food issue to the wards and kitchen. There was good stock control, and a complete annual inventory of all equipment was made.

With the opening of the new laundry in 1955 the responsibility for linen control was taken over by the laundry manager. The Housekeeping Department had been established and took over the sewing room, linen room and patients' clothing stores.

From 1945 to 1967 the following people had worked in Stores: Larry Bradley, Charlie Rogers, Alex Dunn, Howard Cross, Flo Barton, Jim Rutherford, Alf Kublik, Arnold Schiller, John Kirkman and Dick Tebb. Some of the personnel retired or transferred during that time and some are still working in the hospital in 1984.

Laundry 1945-1955

by Larry Bradley

When the Americans purchased the Jesuit College they did not build a laundry on the site as they had established a large laundry at 142nd Street and 108th Avenue. This was known as the 'Railhead Laundry' because it was located at the end of a spur line which had been built for the purpose of moving supplies by rail from the main line CNR to the large receiving area of warehouses, vehicle yards and maintenance shops used to service and supply American bases here and in the north. This huge laundry

serviced all the American living quarters, both armed service and civilian, in the Edmonton area, including those at the Jesuit College. This laundry also served a large American Air Force Hospital located where the Northern Alberta Institute of Technology is now. The Railhead Laundry was purchased by the Canadian Government at the same time as the Jesuit College complex.

Six days per week the soiled linen was trucked to the laundry by a hospital driver and the clean linen was returned. It was a full-time job for one man. The service was good as the hospital's laundry always came first. Harold Davies, the manager, was also doing laundry for some of the Americans who were still here, as well as for the Canadian Army. The fact that it had to be trucked from the hospital and back was somewhat inconvenient, but satisfactory. They also did all the mending.

From 1945 to 1947 new hospital linen was scarce. It would take from six months to a year before an order was filled. The hospital was very fortunate when the American Air Force Hospital was closed, and all their linen, sheets, pillows, pillowcases, towels, blankets and other items were purchased by the Charles Camsell. This provided a good operating supply as well as a reserve in Stores.

In 1949 the Government decided that it was too expensive to operate a large laundry and it was sold to a private firm on the understanding that the hospital would be given good service. A set price was established for each item of linen, and this price was to be firm until such time as a laundry was built at the Camsell. Under the new management no mending was done at the laundry. The sewing machines were moved to the hospital sewing room which was placed under the supervision of the Stores Department.

With the change, we were required to pick up soiled linen from the wards and count it before it left the hospital as well as when it was returned. The soiled linen was counted outside the hospital in a small, unheated prefab army hut, which meant it was cold in the winter and hot in the summer. As a result of these poor conditions, some of the men did not stay very long. Some of those who did stay for some time were: Alex Dunn, Pete Anderson, Joe LaFreniere and Ed Stevens, who were attached to the Stores Department. Occasionally they were able to work in Stores which they appreciated during the cold weather. When the hospital laundry opened in 1955, picking up and distributing all linen became the responsibility of laundry staff.

On one occasion when the hospital driver was taking a load of soiled linen to the Railhead Laundry by way of 111th Avenue, a bag dropped from the truck between 132nd and 142nd Streets. This area was just



Sorting Clean Linen, 1955. L. to R.: Philip Parent, Sarah Ward, Olive Charlton, Peter Anderson. (Credit: Provincial Archives of Alberta, Blyth Collection BL 221314).

a trail at the time. The person who found it called the City Police, although "Charles Camsell Hospital" was stamped right on the bag! A phone call came from the Police asking that the bag be picked up right away. It was stored in their garage and they did not want TB linen in their building. However, when the driver went to pick it up they would not give it to him as they needed someone in authority to identify the contents. The head storeman eventually had to retrieve the goods.

The service, under private management, worked well for a while, but it wasn't long until laundry from other sources was bringing in more revenue and the service to the hospital began slipping badly. The storeman had to make a trip to the laundry at least once a week to make sure that the hospital laundry was not neglected.

Washing baby clothes was a real problem. At times there were more baby clothes at the laundry than there were in the hospital. This led to the installation of a small commercial washer, spinner and dryer in the basement of the old Jesuit College to handle all baby linen. The person hired to do this laundry was Mrs. Ada Workman. She did a wonderful job and made a big improvement in the distribution of the baby linen.

In 1955 the Laundry Department was established with the opening of our own laundry and so ended the responsibility of Stores staff.

Editor's note:

"The majority of the spur line to the American Railhead was constructed by the Canadian Northern under the charter of the Edmonton, Yukon and Pacific and was intended to serve as their main line to the west coast, although it never got farther than Stony Plain."

R. L. Badmington, P.Eng.
Maintenance Engineer
CN Rail, Edmonton.

"In 1944 City Council permitted the American Army to establish a military 'Railhead' between 139th and 149th Streets and 107th and 111th Avenues. Part of the abandoned Edmonton, Yukon and Pacific Railway towards Stony Plain was then relaid from the 121st Street Junction. The trackage ran along 107th Avenue as far west as 142nd Street, at which point it turned north to 111th Avenue. A small classification yard was established in the area. To the east of the yard was a housing and service area, where administrative buildings, housing quarters, machine repair shops and a laundry were erected."

From 1967 Master's Thesis for the Department of Geography, University of Alberta: "Evolution of the Railway Network of Edmonton, and its Land Use Effects" by Hermia Lai.

Linen Room and Sewing Room

by Larry Bradley

Like so many of the other areas in the hospital, these two departments were non-existent in the beginning. A sewing room was built in 1947.

When the clean linen was returned from the Railhead Laundry, it was unloaded through a window into Stores where it was sorted and issued to the wards by the Stores personnel. The orderlies picked up the ward linen and took it back to the wards on stretchers. Staff uniforms were also issued through Stores. By 1949 more space was required for the linen, so the issuing of staff uniforms was moved to a locker room across from the Occupational Therapy Department and became the responsibility of Mrs. Louella Hope. She had a sewing machine and as necessitated, she altered the uniforms supplied by the hospital. The nurses supplied their own. There were only certain times of the day that Mrs. Hope would issue uniforms, and she rigidly adhered to her timetable. She ran the place like a Sergeant Major, but had a heart of gold.

By 1949 the government had sold the laundry to a private firm with the understanding that the hospital linen would be given preference. The mending was to be done at the hospital and the five sewing machines (four commercial and one domestic) were transferred. This change created a new department, Linen Distribution. Additions were built by the hospital maintenance staff to provide a proper receiving door as well as the required space for the linen. This made a big improvement in the distribution of linen. Mrs. Beatrice Westington was hired to issue the clean linen. Two seamstresses, Mrs. Isobel McKay and Mrs. Margaret Levison, had been hired in 1947. Mrs. Ann Tidsbury was added to the staff in 1948. The two departments remained under the jurisdiction of



The boys from Ward 9A, 1946. Front Row, from left: Clifford Ward, John Callingbull. Back Row: Lloyd Makokis, Cyril Left-hand, Donald Bull, Simon Johnson, Theodore Chalifoux, Roy Hunter, Raymond Cutknife.

Stores until the mid-fifties when the Housekeeping Department was established and were then transferred to the executive housekeeper.

When the hospital laundry opened in 1955, Mrs. Levison transferred to the sewing room in that department taking her machine with her. During the late 1950's the three seamstresses retired. Mrs. Pearl Ranch and Mrs. Bessie Olson took over their duties. When Mrs. Hope retired, the uniforms became the responsibility of Mrs. Westington.

The sewing room staff not only did all the mending but were also called on to make dozens of articles that were not available on the market. Some of these were special gowns for burn cases, special operating room drapes and different kinds of binders. Skirts, jackets and housecoats for the children were made from blue jackets and trousers left by the army. Infants' nighties, coveralls and sleepers were also sewn. Window drapes for all the hospital wards, offices and the single staff living quarters were made by the ladies. Many Hollywood bed and chair covers were made in the sewing room for the staff residences. As well furniture was also reupholstered.

The X-ray Department required two tents that had to be made from heavy black duck material in order to provide a dark room in which to develop the films when doing field surveys. The tents also had to provide space and height for two people to stand upright and for the developing tanks. The carpenters made collapsible wooden frames from 2" by 2" material. The Sewing Room staff made the tents. In order to double stitch every seam properly, they arranged both sewing machines back to back. In this way they both sewed the same seam together — a terrific task! At times the ladies could not be seen for



Snowed under in sewing room with newly made diapers for maternity and pediatric wards. Mrs. Bessie Olson and Mrs. Pearl Ranch (Left).

the black material. Carrying cases also were made and were used in the field for many years.

When tents had to be made again in later years, a letter of commendation from the Director of Indian Health Services was received by Mrs. Ranch and Mrs. Olson for their excellent work.

Eskimo outer parkas (just the shell) for sizes 6 to 46 were made of a wind-proof drill fabric. At first white material was used. However it wasn't long before word came from the north that they preferred red, blue or green, as white was not practical. Eskimos lost in a blizzard, or stranded due to a plane making an emergency landing, could be spotted in the snow more easily with the dark colors. Kit bags were made to accommodate the issue of extra clothing. The material, as well as the sleeping bags, were supplied by Department of Indian and Northern Affairs. This department also kept the hospital supplied with duffle cloth for the inner parkas. Usually the Eskimo women on the wards would make these by hand. All Eskimos going home were issued with an inner and outer parka.

Over a period of years some of the Eskimos waiting to go home were employed in the linen room. There were two young Eskimo men, Eddie Anagliak and David Koomayak, who worked for a number of months at different times. Eddie had very limited eye sight and was almost blind. David had lost both legs below the knee and worked in the linen room while taking physiotherapy and waiting to be fitted with new prostheses. They sorted linen, issued uniforms, and spent hours rolling bandages. Both were missed when they eventually returned to the Arctic.

Many procedures changed with the move to the

new hospital. The staff that worked in the Linen Room and the Sewing Room in the old building deserve an honorable mention for their work in the crowded quarters, and for the many hours of overtime spent in order to complete urgent jobs.

Progress in the Laundry Department by Steve Serediak

Employed 1960-1964; 1967-present. Started as Laundry Supervisor and returned in 1967 to become the Director of Laundry.

1955-1966:

The Charles Camsell Hospital Laundry Service opened in 1955, and provided linen service for the hospital and the staff living quarters. It also provided this service to two other federal hospitals: North Battleford in Saskatchewan and Hobbema in Alberta. The linen from these outside hospitals was brought in twice a week by truck in large linen hampers. During the winter months, the linen usually arrived frozen solid because it was damp or wet when it was shipped.

In the early days the laundry throughout the hospital was picked up from each ward by trolley and was taken to a central room off the Burma Road. From here it was transported by truck to the laundry building. Soiled linen from the single staff living quarters reached the laundry by pick-up truck. Linen from the Maternity Ward had to be carried on the porter's back, down a flight of stairs, and then loaded onto the truck. In the laundry, the porter would unload the soiled linen, dump it and sort it into different classifications to be laundered. In the same manner, the clean linen was returned to the originating area. It was a very difficult job, especially during winter.

All linen was marked as to user department. At that time, the hospital linen was entirely cotton and more than half of the items used were cut from bulk linen and sewn by the sewing department of the laundry.

The equipment used was all manual and therefore required a large staff complement. The first Laundry Manager was Mr. Harold Gerdes, and the first floor supervisor was Mrs. Rose Brost. Mr. Philip Parent was the linen porter. Some of the other staff members who can be recalled were: Pete Smolak, Rose Cheynick, Louise Forss, Mildred Mock, Joe Gladue, Elsa Heinonen, Edward Kijek, Steve Serediak. The average salary for laundry workers was approximately ninety cents per hour, and the work-week was 44 hours, including a half-day on Saturday.

1967-1984:

In 1967 when the new hospital opened, the laun-

dry premises did not change, but the pick-up of soiled linen and delivery of clean linen was made easier through construction of an underground tunnel. Distribution of linen throughout the hospital was taken over by the Housekeeping Department.

In 1968 the Laundry Department started phasing out some of the manual equipment and installing three automatic washer-extractors. In 1969 a new eight-roll ironer was installed with a feed starter, spreader and an automatic folder. By 1975, the old steam clothes dryers were replaced with an automatic loading and unloading clothes dryer. The following year, the manual presses were replaced with an automatic wearing apparel clothes finisher. An additional automatic washer with micro-processor programming, and a new folder with a micro-processing system was purchased in 1982. By this time hospital wearing apparel was polyester, and more than 60 per cent of hospital service linen is now cotton-polyester blend.

A View From The Boiler House

by Stanley V. Mellor

Employed April 1952 to the present. Stan Mellor was hired as fireman in the boiler room. He was promoted to engineer in 1955, and now holds the position of Stationary Engineer 3rd Class.

In 1952 an advertisement appeared in the Winnipeg Free Press for a couple to go to Fort Norman. A nurse was required for the nursing station and a man as a maintenance engineer. Mr. and Mrs. Stan Mellor, then of Fernie B.C., applied for the positions. Shortly after, they moved to Calgary and were interviewed by Dr. Falconer and Mr. Horne. After accepting the positions and moving to Edmonton, circumstances in the northern outpost changed. Jobs were offered to Mr. and Mrs. Mellor at the Charles Camsell Hospital; Mrs. Mellor accepted the charge nurse position of the non-TB section, known as Unit 3, and Mr. Mellor, a position in the Boiler Room where he worked up to Operating Engineer.

The boiler room staff consisted of the chief engineer, plus a fireman and an operating engineer for each shift. Much of the maintenance throughout the hospital was done by this staff: shovelling snow from the roofs on day shifts and the sidewalks on night and afternoon shifts; crawling under the units, which were only three feet high in places, to do repairs. There were a total of fifty-two furnace rooms which were patrolled three times a shift, and more frequently in an emergency. The patrols were credited with preventing several serious fires as a result of overheated furnaces, electrical boxes, irons left plugged in on ironing boards, and lightning strikes.

Both steam and water radiators were used to heat the hospital complex. Cost of repair was mostly the time involved in dismantling and reconnecting, therefore a unique device was made by the boiler room engineers to hold the rads in place while being repaired. This, and many other cost-cutting ingenuities, were often invented.

The summers were spent doing repairs and flushing sediment from hotwater tanks, cleaning burners and regular maintenance in the boiler room. All the shift workers helped to clean the boiler tubes. At this time the water came from a tower situated on the St. Albert Trail. This water, being very hard, caused scale in the tubes. It took three men to operate the tube cleaner which was driven by water pressure. After a shift at this, they were soaking wet. There was no overtime pay nor a very strong union at this time, so most were paid in time-off. During the holidays the chief worked the day shift with a fireman; the rest of the engineers worked the other shifts.

A large number of the staff lived on the hospital site. In such close quarters we were like a large family with many social functions and a large participation. Many times, on the occasion of some special event, those working on shift in the boiler room were fortunate to have lunch delivered to them. Staff in the living quarters often had something they wanted to borrow or have repaired. Togetherness was a must.

Most of the area west of Camsell was willow bush swamp with a few small homes dotting the landscape. The bush area was a camping ground for the annual pilgrimage of Indians to the shrine at Lac Ste. Anne. In the morning, from the boiler room, one could see smoke rising from the teepee fires. The Indians obtained their drinking and cooking water from the boiler room taps at the hospital.

Particularly in the winter, it was a common sight to see pheasants along the perimeter of the hospital grounds. At one time, in the early morning after a light winter snow, lynx or bobcat tracks were noticed between the boiler room and the roadway to the units. Porcupines were also common in this area and would sometimes be found in a garage next to the car tires.

The hospital was spread over a large area and the maintenance staff had to be a dedicated work force, packing all the tools and most of the repair material by hand. Winter was the most difficult to cope with because all the rounds to furnace rooms were made on the outside, which meant either tramping through the snow or spending most of the shift shovelling it.

One would receive emergency calls almost any time. One Sunday, in particular, comes to mind when the director of the hospital was on holidays. He had

hired a nurse to care for his house near the main hospital. This woman was preparing to have a bath and as she turned on the cold water, the tap came off in her hand: there were two baths on different levels — this one was on the top floor. She called the boiler room and when I got there water was running through to the bottom floor and she was standing in her bathrobe trying to mop it up. I ran down to the basement and stopped the flow at the meter. The women remarked, “What would I have done if this hadn’t been a hospital residence with staff close at hand?!”

Rent was very reasonable in the staff living quarters; the only problem being that there wasn’t any insulation between the walls so if shift staff lived next door there was noise to contend with at almost any hour. When shoes were taken off and dropped it was as if the noise was in the same room. There was always plenty of activity with the single and married quarters adjacent to each other. Some of the students would sunbathe close to our unit and I recall one old English chap saying in his heavy accent, “Aye, it would make a duck come off water, it would!”



Stan Mellor with friends Abraham Ungakiah, George Kap-tana, James Horassi, on a day out at Devon Bridge, Devon, Alberta, 1953.

We used to sign out some of the children from the wards and take them for car rides. In time we would get to know each other quite well and the children would take special note of the staff who gave them such outings. I remember one boy who was getting ready to go back to his home in Fort Norman. I was on shift in the boiler room and could hear rocks being thrown around outside. The boy was trying to get my attention. After noticing who it was, I asked him why he was at the boiler room. He replied, “I came to ask if you would come home with me?”

During a lightning storm, one always expected a blackout as our main transformer was installed on two power poles high above the units. To move this to a more protected area would cost about \$600.00 which was unheard of in those days. Once the ground

wire broke off and a lightning charge hit the pole but, instead of grounding, came into the boiler room and part of the hospital. This caused some minor burn-outs, and soon fire trucks and police arrived but fortunately there was no serious damage.

Often it is not realized how important a boiler room is in the operation of a hospital for heating, sterilization, domestic hot water, and more. If this operation were to shut down, so, largely, would the function of the hospital. Credit has to be given to the hospital administrators, and also to the chief engineer and the Clerk of Works who together supervised all maintenance. They kept this large complex in operation. Patient capacity was supposed to be 450, but reached 550 at one time. The hospital was provided only a minimum budget by the federal government, and keeping things running smoothly proved to be a test of skill and endurance for the two heads of the maintenance department.

A Carpenter’s Story

by Joe Orn

Employed 1947-1964. Head Carpenter. Living in Edmonton.

In the spring of 1947 I sat for a Civil Service exam and in due course received notice by mail to report to the Charles Camsell Hospital. There I met Dr. Meltzer who showed me some of the problems of the buildings, but these were nothing compared to what I found later.

Building materials were in extremely short supply, and we had trouble getting nails, cement, lumber and other necessities. We salvaged what we could from some prefabs that were no longer in use.

The carpenter maintenance staff I supervised consisted of five men, and our work included repair of furniture, buildings, windows, doors, roofs and cabinets as well as alterations and construction of additions.

Originally, our shop was in the old firehall, and for equipment we had hand tools and a table saw. Later a new building was constructed to accommodate a laundry and maintenance shops under one roof. Additional equipment was acquired — a Dewalt radial saw, a table saw, and a combination drill-press and mortiser which was used to make replacements for storm windows, among other items.

There was scarcely any job that we could not deal with. We laid all the linoleum. We built all cupboards and counters covering the latter with arborite. There was no such thing as “specialist work” at the Camsell.

There were approximately thirty-seven frame buildings including staff residences and it was a



New Carpenter Shop, 1955. L. to R.: Bob Wade, Joe Orn, Frank McGaughey, Jock Murdock, Bert Roberts, Pat Pepin. (Credit: Provincial Archives of Alberta, Blyth Collection BL 221312).

constant struggle to keep them in usable condition. They had been constructed only as temporary buildings and could not be expected to last too long. Supports under the wards were constantly having to be renewed. I remember one day doing some repairs in a ward to which some Eskimos had been admitted a few days earlier. I found they were very interested and observant of my every move, apparently trying to learn from me.

We had many storm windows, about 3500, and a good deal of the glass was broken. Eventually a shipment of Belgium glass was received which was cut to size. There was barely enough for the wards so tenants in staff quarters had to await further shipments.

Some contract work was being done in the Jesuit College Building but this took a long time to complete as there were periods when no workmen were on the job. The big classrooms on the second and third floors were being divided into smaller rooms to provide more privacy and to improve conditions for rest periods. Sometime later, maintenance staff completed remodelling all of them and, as time went on, added more rooms and connected these to the corridors.

Because the hospital was the headquarters for Indian Health Services for the Foothills Region there was additional work to be done. We made cabinets



Camsell Painters, 1955. L. to R.: Pat Webb, Cecil Cramer, supervisor, Art Campbell.

for health units all over the province, as well as doing some construction in basements of schools on Indian reserves to accommodate clinics conducted by doctors and public health nurses.

X-ray surveys for the north were organized at the

hospital. The carpenters were asked to make a collapsible frame that could be used to set up a portable dark room. The ladies in the sewing room made a three-layer cover of black material to fit over the frame. This proved to be efficient as a dark room. We made a pass box through which the X-ray plates could be passed back and forth to the technician to check the results. Later a frame was manufactured from aluminum.

Some events are worth mentioning. At Christmas the big recreation hall was used for the party for children of staff members. I had to build a skeleton framework for a chimney for Santa to use to make his entrance. Max Conaty and his staff covered it with red and white paper to resemble bricks. Then Mr. Horne, Assistant Superintendent, said I had to have a window in the chimney so the children could see Santa coming down — who ever saw a window in a chimney? At the party, however, the kiddies got a big kick out of watching Santa pass by the window.

I had expected to be at the Camsell only two or three years. It turned out to be seventeen. It was very interesting to have worked there and I would not have missed the opportunity for the world. I have one regret — that I retired in 1964 and did not work in the new building. But then that would have been a completely different set-up.

The Canteen

by Larry Bradley

The Canteen was located on the main floor of the annex which was at the north end of the main build-

ing. It consisted of two rooms, each approximately 10 feet square. One was used for storage and the other for the service area.

The Canadian Army was operating the Canteen at the time that the hospital was transferred to Indian Health Services. The hospital administration contacted the Canadian National Institute for the Blind and offered them the opportunity to operate the Canteen. However, due to the fact that many of the patients could not speak English, it would have been quite a difficult assignment for a blind person.

The Department of Veterans Affairs was then contacted and a veteran by the name of Scotty Hughes, who was a leg amputee, was placed in charge. Following the war most items were still on a quota basis and, as Scotty did not have a quota, stock was hard to get. The only items that he could purchase to sell were tobacco and soft drinks. By 1947, when he got homesick and returned to Scotland, there was a larger stock of items from which to choose including candy, chocolate bars, gum and a few other incidentals.

Ted Froment, also a war amputee (leg), and his wife, Kay, operated the Canteen from 1947 to 1954. Ill health forced them to give it up. Another disabled veteran by the name of Phil Criss took over the business from 1954 to 1962, at which time he decided to move to the west coast.

Jack Goodall, who was also a disabled veteran, took over the operation in late 1962 and was involved in the move to the new hospital. He stayed until April 1983 when he retired. Since then the Canteen has been operated by the CCGH Volunteer Association.

Healing the Body — Expanding the Mind

The Hospital School

Fred Dew

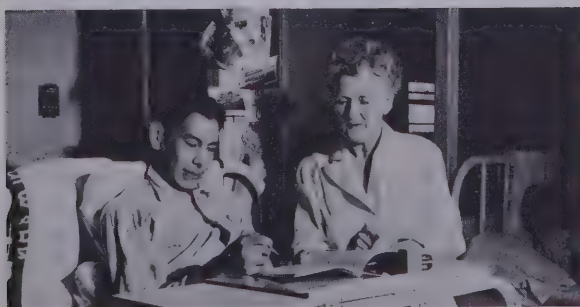
Employed May 1946 to July 1949 Instructor, Education, for DVA patients; August 1949-August 1962 as Principal of the Hospital School. (Employed by Indian Affairs.) Transferred to Edmonton-Hobbema-Saddle Lake Indian Agencies as School Superintendent. Retired 1974. Living in Edmonton.

Lucy Swindlehurst

Employed as a teacher from January 1951 to August 1970. Taught all grades as assignment was by wards. Living in Edmonton.

The hospital school program was begun in May 1946, about four months after the admission of Indian and Eskimo patients. Mrs. Julia E. Kerans was the first teacher. School equipment, teaching facilities and office space were very inadequate for the first few days but once the RCAMC vacated the premises, space was provided for an office opposite the Occupational Therapy Department. Neighboring schools supplied enough educational materials for the fledgling program.

The initial enrolment consisted of twenty-two children on Wards 7 and 8, and thirty adults on Wards 9 and 10. All instruction was offered to patients at their bedsides.



Mrs. Madge Grantham assisting patient Robert Onespot with his studies. (Credit: National Film Board, Public Archives of Canada, PA-139317).

In July 1946 Mrs. Madge la P. Grantham joined Mrs. Kerans. By April 1947 the number of patients receiving instruction had increased to one hundred and thirty. A library for supplementary reading had been started from donations of books from staff and members of the community.

In the summer of 1947 a movie program that operated on most wards once a month was started, using films from the National Film Board. This grew until it was necessary to conduct about thirty showings a month to cover all wards.

In May 1947 Mrs. Grantham and Mrs. Kerans inaugurated a hospital paper called "The Camsell Arrow" to help stimulate morale in the hospital. Patients were invited to write about their wards, their homes and their interests for the benefit of others in the hospital. Their contributions were limited at first and the teachers found that it was necessary to teach them how to write for the paper.



Teaching youngsters at the bedside, January 21, 1955. Staff, from left: Mrs. Ilga Skele, Mrs. L. Swindlehurst, Mrs. Taylor, R.N. (Credit: Provincial Archives of Alberta, Blyth Collection BL 221319).

In the late fall of 1947, it was discovered that Mrs. Kerans had contracted tuberculosis and she was hospitalized. Mrs. Grantham carried on alone and,

though one or two activities had to be dropped, she was able to continue the school work and the Arrow for six months until a substitute, Miss Zella Ferguson, was engaged.

In October 1948 Miss Hilda Kammrath joined the staff and Mrs. Kerans returned to work. All activities were resumed and by the end of 1948 two hundred and sixteen patients were receiving instruction.

In August 1949 Mr. Fred Dew joined the staff as the fourth teacher. He had been an Educational Instructor at the Camsell Hospital for the Department of Veterans Affairs from May 1946 to July 1949 and worked on the DVA wards. By the spring of 1950 the number of patients doing school work had increased to three hundred, an average of seventy-five per teacher.



Douglas Lord carries on school work with bed patient.

The offices of the education staff had been moved several times to accommodate increasing staff. In January 1951 the offices were moved to new quarters along the Burma Road next to the Medical Conference Room. This provided space for desks, storage of supplies, shelves for 4000 library books and the equipment for preparing and printing the Camsell Arrow.

The library was used extensively by patients from six to sixty years of age, many of whom had learned to read, write and speak English during their stay in hospital. All instruction was still given at the bedside. For the more advanced students we used Alberta Correspondence School courses so they could receive provincial credit on their course work.

In January 1951 Mrs. Lucy Swindlehurst joined the Education Staff on a half-time basis for twenty months and then began teaching full-time.

Though the enrolment stayed at about three hun-

dred pupils, made up of one hundred and fifty children and one hundred and fifty adults, with the addition of more teachers we were able to reduce the number of patients per teacher which allowed more time for each pupil. In the children's wards we were able to set up tables in some of the rooms to allow those who were no longer confined to bed to study in small groups at the tables.

In 1953 Mr. Douglas Lord was transferred from Fort Simpson, N.W.T. where he had been teaching, to Camsell Hospital School by the Department of Northern Affairs and National Resources. Mr. Lord worked with boys of school age and some adults and also supervised craft work such as soapstone carving.



Doug Lord with a display of handicraft done by Eskimo patients, 1955. (Credit: Provincial Archives of Alberta, Blyth Collection BL 2213114).

Mr. Bill Applewhite, also from the Northwest Territories, joined us and worked with the men. In the same year Mrs. Désirée Heston came on staff and worked in the women's wards. In 1954 Mr. Harold Copeland was transferred from Coral Harbour on Southampton Island where he had been teaching for the Department of Northern Affairs.

The medical staff and the teachers who worked with young people began to realize that a number of these patients would not sufficiently recover from their disease to be able to return to their traditional occupations of trapping, hunting and laboring. Dr. Meltzer and Dr. Matas got us all thinking about developing some program that could absorb some of these young people into training that would enable them to become employable in other fields of endeavor. We had been looking at various possibilities for the previous two years. The development of such a program would require the support of the hospital administration, Indian Health Services, the hospital school and the Departments of Indian Affairs and

Northern Affairs. How this developed is examined under another section on Rehabilitation Programs.

In September 1955 Mr. Harry Strynadka joined the hospital staff to work on the men's wards. In 1957 Mr. Don McBride, Mr. Con Kelly, Mrs. Mary Hanlon and Mr. Ernie Dosdall arrived at the hospital school to replace teachers who had gone to other programs.



Mr. Dew teaches Julius Hagar, Pat Yellowbird and Douglas Jimmy. Their wheelchairs are fitted with special tables for writing. Alexis Nitsiza is fitted with leg braces and is able to sit at an ordinary table. The two smaller patients are itinerant patients on the ward. The wheelchair patients are polio and arthritic patients, 1955. (Credit: Provincial Archives of Alberta, Blyth Collection BL 221313).

In the late 1950's the services of two travelling teachers, Mrs. Evelyn Lunde, a teacher of Home Economics and Mr. Wayne Shupe, a teacher of Industrial Arts, were made available to us one day a week. Mrs. Lunde started home economics classes for those girls and young women who were now ambulatory and could walk to classes. The women were interested in clothes and were quite impressed with the well-dressed teacher. She brought items from her own wardrobe to demonstrate to them how to give variety to their own wardrobes by the use of different accessories and minor changes in style.

Mr. Shupe worked with older boys and men showing them how to use hand carpentry tools properly. They made small pieces of furniture, chairs and boxes that would give them ideas that could be used when they returned to Indian reserves or Inuit settlements.

About 1958 the medical staff granted the school permission to begin gathering students together in classes in the sun porch on the second floor of the main building, in the Medical Conference Room, in our office for typing instruction and in the main auditorium. This was a great advantage over bedside teaching.

In 1961 Mr. McBride was transferred to the Edmonton Residential School as administrator. Mrs. Grantham died that same year from cancer. She was missed by both patients and staff.

By this time, due to improved treatment and drugs, the long stay in hospital was greatly reduced. It was becoming quite apparent that our pupil enrolment was dropping slowly and the number of teachers required therefore decreased.

In August 1962 Mr. Dew transferred to the Edmonton-Hobbema-Saddle Lake Indian Agencies as School Superintendent and was replaced as principal by Mr. Dosdall. Mrs. Hanlon died that year, also of cancer.

In the early sixties several Indian girls were brought into the hospital school on a one-year training basis to acquaint them with teaching procedures before attending a special teacher training course called "Morning Star" given by the University of Alberta. On completion, they joined the staffs of the residential schools as teacher assistants. One young lady we remember with affection, Miss Irene Dion, was appointed as a teacher to the one-room school at Kehewin Reserve near St. Paul.

In 1964 Miss Anne Harland was transferred from an Indian school in Manitoba to Charles Camsell Hospital. Mrs. Helen Davidson, who had been a visiting volunteer at Camsell, accepted a position as teacher in the hospital school. Mr. Don Schultz, who came from the Edmonton Public School Board, joined our staff to work with the men and older boys. Miss Hilda Kammrath retired during this year.

In 1967 Mr. Dosdall was appointed as Superintendent of Education at Calgary for the Stoney-Sarcee Indian Agency and was replaced by Mr. Ken Macpherson who had previously taught at Ermineskin School at Hobbema.

1967 was a very eventful year for the Charles Camsell Hospital. The new hospital, which had been under construction for several years, was formally opened in the spring and many nostalgic memories were left with both patients and staff.

As hospital stays became shorter there was less opportunity to help those patients who had limited education, and the staff began to find their teaching was directed to patients who had come from organized schools and were in for relatively short periods of time. About this time residents from Edmonton were being accepted as patients and the teaching staff also worked with students from Edmonton schools.

In 1970 Mr. Copeland returned to Camsell and Mrs. Jean Ryba came on staff. When Mr. Macpherson resigned, Mr. Copeland became principal.

About 1973 the number of student patients had

decreased to the point that it was no longer practical to operate the school and it was closed.

The Camsell Arrow and Pictorial Review

by Margaret E. Cogill

In response to Dr. Meltzer's request for a hospital paper the "Camsell Arrow" evolved. It was produced by the school teachers employed by the Department of Indian Affairs to work in the hospital. Mrs. Madge Grantham was Editor, assisted by Mrs. Julia Kerans doing the mimeographing, and Mrs. Désirée Heston the typing. Many hours were spent cranking out copies on the Gestetner machine.

From a humble beginning of six pages in May 1947, like everything else at the Camsell, it expanded rapidly and was published initially every month, then every two months, and finally quarterly. The first cover design was drawn by Mr. Max Conaty who also, over the years, produced many of the illustrations and cartoons. In an article by Mrs. Kerans in the January-February 1951 issue of the "Camsell Arrow" she states: "The Arrow was inaugurated on May 24, 1947 as a stimulant to morale in the hospital. At first the patients found it difficult to do their share towards the paper but now their response is excellent."



Assembling the Pictorial Review in the Education Office, 1953. L. to R.: Mrs. L. Swindlehurst, Mrs. M. Grantham, Mr. F. Dew, Mrs. J. Kerans.

In the summer of 1955 The Queen's Printer took over the assembling, printing and publishing of a very compact quarterly "Camsell Arrow" which also contained some pictures. When ill health forced Mrs. Grantham's retirement in late 1961, Mr. Ernie Dosdall took over the editing until 1967. Mr. Ken Macpherson was the last editor of the publication.



Camsell Arrow — Pictorial Review. Top Row: 1. Arrow had no cover, 1947. 2. Cover from 1948-1954. 3. Cover, 1955-1961. Middle Row: 1. Pictorial Review, no cover, 1948-1951. 2. Cover, 1952. 3. Cover, 1953-1954. 4. Cover, 1955-1959. Bottom Row: 1. Arrow and Pictorial Review, 1961-1967. 2. 1967-1969.

"The Pictorial Review", an annual publication, started in 1948 and was four pages. The largest issue, in 1958, contained 191 pages. The Pictorial included pictures of hospital activities, patients and staff, as well as pictures from the field, nursing stations, hospitals and schools. George Berg, X-Ray Technician, produced many interesting pictures from the X-ray surveys as well as many of hospital events. Staff submitted pictures and the Pictorial also contained pictures of the Indian Chiefs, and activities of the various bands and reserves. The patients especially appreciated pictures from their home areas. Gradually the Pictorial expanded to include pictures of native activities and places across Canada.

In the Autumn of 1961 the Arrow and Pictorial Review were combined. With a new cover design, and containing both articles and pictures, it continued to be published quarterly.

The "Camsell Arrow and Pictorial" had many interesting and informative features. Its prime importance was that it kept patients in touch with relatives and friends at home and in hospital as every issue contained messages from patients on each ward. The copies sent to the Indian agents were very much appreciated and were read by the people on the reserves.

It was an ideal teaching tool for all readers as it contained articles on medical problems, tuberculosis, dental care, child care and feeding. Of par-

ticular interest to those at home were articles on sanitation, rabies, accident and fire prevention, and many more.

Patients' achievements in education and handicrafts were acknowledged and patients' activities reported. The Arrow kept staff informed of developments within the hospital. News submitted from the various departments reported activities, staff changes, engagements, weddings, births and obituaries.

Visits from distinguished visitors, of whom we had many, professional artists and entertainers and doctors from across Canada and foreign countries, were recorded. The Arrow played an important role in public relations and complimentary copies were given to many official visitors.

The Christmas issue carried greetings and messages from Cabinet Ministers, senior government officials, Indian agents, the hospital superintendent and department heads, as well as cheerful messages from the Anglican, Roman Catholic and United Church pastors.

There was always a little humor such as the following:

"Grey Cup — 1948"

Three Indian Chiefs accompanied the Calgary Stampeders on their Grey Cup trip to Toronto. One Chief stepped up to the desk at the Royal York Hotel and asked for a room.

"Have you a reservation?" asked the clerk.

"Reservation?" quickly replied the Chief. "Are you kidding me? I have the BIGGEST reservation in Alberta".

Staff member to new aide — "Go and get your B.C.G. now".

Aide (perplexed) — "Will I need to take a cart?"

It Happened in School

Miss Kammrath was praising the splendid use of English of a little six-year-old who had just arrived in the hospital and started school work.

"Do your mother and father speak English?" she asked.

"Oh, yes," promptly answered the little Indian girl.

"Did your mother and father go to school?" the teacher prodded further.

"How would I know? I wasn't around then," came the unexpected answer.

The Camsell Arrow was free to patients, \$1.00 per year for others, and many complimentary copies were distributed. Distribution of the Arrow and Pictorial Review was Canada-wide with copies also sent to the U.S.A., England, New Zealand, Denmark, Sweden, South Africa and many other countries.

The final cover design for the Arrow and Pictorial Review was produced by Mrs. Rena Beer, Staff Health Nurse. Many staff members assisted the teachers in assembling the copies when needed. Some of the patients who assisted with the stencilling and illustrations included: John Fournier, Henry Standing Alone, Stan Johnson, Edwin Lindberg, Archie Thunder, Douglas Jimmy, John Allokpik and Doreen Callihoo.

When the patient population changed from long term to short term stay, the Education Department was discontinued and the Camsell Arrow and Pictorial Review ceased to be published.

It is almost inconceivable how, under very cramped conditions, so much was accomplished by so few, especially considering that this was over and above providing an excellent education program.

Saddle Lake Agency

Dear Camsell Arrow,

Each month I look forward to that particular mail night when there will be a fat envelope for me with the Camsell Arrow inside. I wonder if other copies of the Arrow are as much read as my copy is. After the staff have finished looking over my shoulder to see the latest doings of any Saddle Lakers in Edmonton, the Arrow is pinned up on the bulletin board in the office. Here, it is perused at leisure, by all who come for medicines, etc. As each new copy is received, the old one is taken down and sent to Blue Quills School, where the staff and pupils may read about their friends. Now do not think that is the end of the trail, for when that paper reaches my hands again, I roll it up and mail it to my folks back East. Thus, your news is being spread far and wide. I do hope that you will all try to do your share in keeping your paper the lively and interesting one it is to-day, for it is only by working together and sharing the job that your paper can be a success.

H. M. Lillie

[Later, Mrs. Herb Steinhauer]

Public Health Nurse.

— From "*The Camsell Arrow*" June 1948

Habay, Alberta

June 9, 1955

Dear Dr. Falconer:

I wish you could have seen the ex-Camsell patients when they saw the Pictorial Review. They were like people who had just received pictures from a well-loved home and family.

Pierre Nathanna is less shy than the others. He wanted to tell us something about each one. He would say, "He's a good guy" or "She's a nice nurse" or "That person taught me to write".

When we are finished with the Arrow they take turns borrowing it. It comes back in good condition too. Believe me, Camsell Hospital and the staff rate very high with the Indians of the Hay Lakes. The ones who have returned from the hospital tell the others. When Helen Bassa saw our Christmas tree last winter she said it made her lonesome for the Camsell Hospital.

Please tell the editor and the staff how much their work is appreciated in this isolated corner of the world.

Sincerely,
Hazel I. Truefitt

From "*The Camsell Arrow*" — July-August, 1955.

From Fort Rae, N.W.T.

At the last Treaty approximately 600 Indians gathered at Fort Rae to meet their friends. I was very pleased to see that one of the Indians was busy translating "*The Camsell Arrow*" into the Dog Rib language of his surrounding listeners. They were all very interested in receiving the news of their friends at "*Their Hospital*".

W. S. Bryk, M.D.

From: "*The Camsell Arrow*" July-August, 1953

The Rehabilitation Program by Fred Dew

About 1952 the medical staff of the hospital and those teachers working with patients between the ages of fifteen and twenty-five became aware that many of them would be unfit to return to their home environment because of the extensive surgery used to control their disease, or due to the extent of the original disease. Some alternative to this situation was required; one that would allow them to train in fields that would be less rigorous than the work available at home. However, most of these young people would require much more education than they had been able to obtain while in hospital.

In September 1955, a pilot rehabilitation program was started in Edmonton to continue the education of discharged patients to the point where they could be trained for employment that would be within the limits of their physical condition.

Mr. Fred Dew, principal of the hospital school, Mrs. Julia Kerans and Mr. Harold Copeland planned and developed a rehabilitation program. They had support from the hospital medical staff, especially Doctors Falconer, Matas and Orford; Mr. Lapp and his assistants at the Edmonton Indian Agency office; and Mr. R. Battle and his assistants at the Regional Office of Indian Affairs. Miss Verona Seenum of Goodfish Lake Reserve was appointed as rehabilita-



Manual Training Class, Charles Camsell Indian Hospital, January 1959. (Credit: Health and Welfare, Public Archives of Canada, PA-139532).

tion clerk and Mr. Don Sims was transferred from the Edmonton Agency office of Indian Affairs as an administrative clerk. A year after the program began Miss Seenum resigned and was replaced by Miss June Steinhauer of the Saddle Lake Reserve.

Two homes, operated by the women who owned them, were obtained as rehabilitation centres. The home for the girls could accommodate twelve ex-patients, while that for the boys had room to take nine.

Patients, when ready for discharge, were transferred to the homes. Here, the routine of the hospital was continued in a modified form. Each morning, five days a week, Mrs. Kerans gave educational assistance to the girls in their home and Mr. Copeland did the same with the boys. They aimed to bring the students' education level up to employment levels by the time they were physically ready to begin employment. These students were required to rest every afternoon. Certain evenings each week were devoted to night school courses.

Each student was supplied with sufficient clothing so that he or she could fit into any situation. A small allowance was provided so they could take care of personal needs. Training was provided through discussion groups, field trips, excursions to buy clothing and other activities to make the students feel more at home in the city.

These students would spend from six months to a year in the rehabilitation home and when they had reached an education level adequate for job-training or job placement, they would leave the home and take up residence in a private boarding home. Their teachers, Mrs. Kerans and Mr. Copeland, would continue to counsel them and assist them with the new training or with the job. As a student left the home, another patient would be discharged from the hospital to fill the vacancy.

Patients took training in barbering, hairdressing, as laboratory and X-ray technicians, in stockroom work, in business training and as apprentices in carpentry and cabinet making.

Mrs. Kerans and Mr. Copeland were constantly involved in finding new opportunities for training or employment for their students.

As the program developed we were able to move the school program from the homes to a church hall. Here the girls and boys were trained together. This provided social opportunities that were previously lacking. Mr. Copeland eventually became involved in searching out job or training opportunities for students, and Mr. Don McBride, from the hospital school, replaced him as a teacher in the rehabilitation program.

As these ex-patients completed their programs some went on to barbering and hairdresser training, and eventually to employment in these services. Some of the girls trained as X-ray and laboratory assistants and were accepted in northern hospitals. Some took business training from an Edmonton business college and found employment in city offices. Some of the men trained in carpentry, motor mechanics and related fields.

Some of our graduates from the program and the hospital school returned to their home areas and became involved in local employment where they could use their skills.

At this late time, 1985, no records of these students exist so it has been necessary to depend on the memories of staff who were involved. Contact has been lost with those who went through the program. The rehabilitation program was discontinued in March 1961.

What The Future Held

by Fred Dew

Many of the young people who were patients at Charles Camsell progressed well in their school studies while at the hospital and continued with their education after discharge. It is not possible to mention everyone; following are the accomplishments of a few.

Harry Kigiona

Harry was an Inuit patient on Ward 5. While in hospital he learned to repair watches and also improved his academic education. In 1953 he was transferred to Ontario for treatment and spent time in hospitals there and in Quebec. In the mid-1960's he was sent to Winnipeg to take training in clock and watch repair. Upon completion of the course Harry found employment in Grande Prairie, Alberta. For several years he remained there, then worked at other locations in central and northern Alberta. However, he returned to Grande Prairie and some years later purchased the repair shop when the owner retired.



Group of patients in the Charles Camsell Hospital who were the first non-chief recipients of the Alberta Golden Jubilee Medallion. On the left is Dr. M. Matas, Medical Superintendent of the Camsell Hospital, with Archdeacon Clough, chaplain. On the right is Dr. W. L. Falconer, Regional Director of Foothills Region, with Ralph R. Moore, Chairman of the Alberta Golden Jubilee Committee, 1956. (Credit: Alberta Government photograph).

Gertie Tom (The following is extracted from a tape submitted by Gertie)

The first time that I was at the hospital, from 1951 to 1953, I could not read or write English, I had grown up in the bush and spoke only my own language. The teachers were very good and I worked hard at my school work. It was more difficult for me to learn to write English than to speak it.

I was on bed rest for so long that I almost had to learn to walk again and was very weak when I went home to the Yukon in 1953. I used to go out walking and I slowly gained strength. I did housework for awhile to earn money.

In 1959 I was in the Camsell again for two years. I got to grade eight in school. Every Wednesday afternoon I attended home economics classes where I learned cooking and sewing.

In 1965 I applied to take the Community Health Worker's course at Hobbema. When I returned home I worked with the public health nurse in Whitehorse for six years. I visited the people in their homes and taught them how to look after themselves so they would not become ill.

I applied for a northern grant as a teacher trainee in Indian languages. I was the first Indian to apply to be a trainee. I am still teaching language and really enjoy my job.

I want to thank everyone again at Charles Camsell: the doctors, nurses and the teachers. If I had not learned from the teachers I could not be doing my job today. I want to say a special thanks to Dr. Gray.

Millie Chicksi

A young Inuit from Inuvik, Millie spent several years as a patient at Charles Camsell recovering from tuberculosis. She completed grade eight and after discharge from hospital took a secretarial course at Alberta College. Millie held several positions in Edmonton before returning home.

David Koomayak

While in hospital waiting to be fitted for two artificial feet following double below-knee amputations, David learned to read and write. He had to remain in hospital until he had learned to walk and to negotiate steps. During this time he reached a grade four level. He was a craftsman of great skill and could carve native scenes, in relief, using wood and stone. He also did some very fine water color paintings.

John Tanché

John was another patient from the far northern area of the N.W.T. who came to Camsell for treatment of TB and attended the hospital school. When discharged, John entered the Rehabilitation Program to convalesce and to continue his schooling. He took barber training for ten months at a school in Edmon-

ton. After graduation, he was employed in a barber shop on Jasper Avenue. He bought the business when the owner retired.

John married Denise Bonnet Rouge who also had been a patient at Charles Camsell. They lived in Edmonton for several years but the desire to return north won out and they sold the shop.

Douglas Jimmy

Admitted at the time of the polio epidemic in the Yukon in 1953, Douglas continued his education during a prolonged convalescence. Following his discharge from hospital employment was found for him at the Shell Oil Company office in Edmonton. When the offices were transferred to Calgary a few years ago, Douglas went too. He is confined to a wheel chair and was fortunate to obtain an apartment in a building which has a pedway to the building in which the Shell offices are located. He wheels himself to work each day.

Wilfred Trippe de Roche

From Fort Chipewyan, Wilfred came to hospital in the 1950's. He probably started grade one with Miss Kammrath as his teacher. In just over a year he was able to return home and there he completed grade eight at Holy Angels' Residential School. He went to high school in Fort Smith and Grouard, Alberta. Wilfred later attended the University of Alberta and graduated with a Bachelor of Education. He taught for a number of years at Terrace, B.C.; then enrolled in the Master's program at the University of Saskatchewan in Saskatoon. Wilfred is to receive his Master of Education at the convocation ceremonies in 1985.

Georgina Trippe de Roche

Wilfred's sister, Georgina, was admitted with TB in 1960. She completed grade eight and started grade nine. In 1961 she was discharged home to Fort Chipewyan where she enrolled in the Alberta Correspondence School course for grade nine. Sister Brody, principal of Holy Angels' Residential School, supported and encouraged Georgina in this venture. After the completion of her course she worked for the Hudson's Bay Store in Fort Chipewyan and then in Fort Smith. In 1968 she came to Edmonton for job training and in September started classes at Alberta Vocational Centre where she completed grades ten to twelve in one year and received her school certificate. In September 1969 Georgina was accepted at Red Deer College for a two year program in social services. Upon completion of the course she worked at short term jobs and then was accepted for a position at the Charles Camsell in the Social Services Department. She later transferred to Medical Records where she is still employed. Georgina is continuing her studies at night school.

Ethel Blondin Townsend

Born in Fort Norman, Ethel completed elementary school there. She was admitted to Ward 1 in 1964 and discharged fourteen months later. Ethel attended various high schools in the north before coming to Edmonton to continue her education at Victoria Composite High School. Following graduation she went to Fort Smith where she completed a two year Teacher Education Program. She taught for four years in Tuktoyaktuk and one year in Fort Franklin, N.W.T.

The University of Alberta was Ethel's next goal and there she obtained her Bachelor of Education in elementary education. The next four years were spent first as a classroom teacher, then as vice-principal and finally as an instructor in the Teacher Education Program.

Her interest and work in teaching the Slavey language led to a position in Yellowknife as the Coordinator and Supervisor of Aboriginal Programs. Ethel was the program specialist in Athapaskan languages. A year later she accepted a position with the Public Service Commission of Canada and moved to Ottawa in December 1984. She is the national manager of Development Programs for Native People, (Northern Careers Program, NIDP).



Mr. E. Baxter (Alberta TB Association), Mr. Fred Dew and Dr. Falconer present a cup and cheque to Grade IX students.

Trophy Winners

In 1953 Sally Jackson, Eva Cardinal, Marion Crowshoe, Byrde Eaglespeaker, Louise Keywasew and Cecile Manitos were members of the grade nine class that won a trophy and received a cheque from the Alberta Tuberculosis Association for essays submitted regarding tuberculosis.

Patient Health Education

by Lucy (Maksymiw) Banksland

Employed 1961-1971. 1972 to present —

Occupational Health Nurse, Medical Services DNHW, in Edmonton.

Long before the need for health education was universally considered a necessity, the Charles Cam-sell staff realized that it was vital that the patients with tuberculosis should learn about their illness. It was apparent that knowledge promoted better co-operation in the treatment of this very slow healing disease, a disease which, after the initial stages, left the patients feeling physically well, but mentally devastated because of the months, and often years, of separation from their loved ones.

I took over the Patient Health Education program in 1962 from Mrs. Mabel McCoig. She was retiring and I was a new graduate. It was a time of great excitement for both of us. The past and the future would blend to develop a new program which was full of promise. The main objectives were to educate each patient so there would be less chance of reactivation of disease and to eliminate the possibility of tuberculosis being passed on to another unsuspecting person. This proved much easier to say than to accomplish.

The program began by meeting each newly admitted patient who was suspected of having tuberculosis. The initial visits were not always conducive to teaching and learning. Here would be an individual with a whole gamut of unexpressed feelings. Perhaps it was a mother who had just left several small children with a struggling husband; or a husband who was hurried onto the first aeroplane going south before he could make any arrangements for the care of his family. Most of the people knew that the treatment would be very prolonged and that there would be no opportunity for visits from family and friends. The distance between the hospital and the community was just too great. All communications would have to take place through writing. Even this was not always satisfactory because not everyone could read and write. Yet, everyone knew that the treatment may extend into years. So much could happen . . . Spouses could find someone who was well and able. Children could forget and leave home. Older members of the family could die. There was so much to worry about.

That was the setting when I introduced myself to the new patients. They were always very reserved but polite. The expression on their faces completely hid the emotional turmoil which was churning inside, the turmoil which could never be revealed to a stranger.

It was only after the patients had heard from their families that they became more receptive to learning about their illness. Health education was simple, but consistent. It consisted of teaching each individual how tuberculosis was spread, what the treatment entailed and how to prevent another breakdown after discharge from the hospital. Numerous visual aids

were used, such as films, film strips, X-ray films, posters, pamphlets and drawings. I soon learned that adults were most receptive to pictures drawn by children, their children. They would study the pictures carefully and eventually talk about their experiences. It was from these experiences that I also learned. I learned that there was only a limited amount that the individuals could do to protect themselves from this terrible disease. People would not be safe until everybody with tuberculosis was treated. This was a harsh realization.

There were problems associated with health education. Not everyone could speak English and I could not speak any of the native languages. Interpreters had to be utilized. I soon was aware that simple sentences could take up to fifteen minutes to translate. At first I was surprised at how thorough the translations were. Later, I concluded from the facial expressions that the conversations were in no way related to tuberculosis!

Treatment of tuberculosis consisted of very strict bed rest and exercise routines. If a patient had active disease, or was "positive", he or she could not get out of bed or visit. Once the X-ray showed some improvement, the patient was allowed up for fifteen minutes, three times a day. Finally, with marked improvement, the exercise period was increased to thirty minutes, three times a day. Exercise was gradually increased until the last few weeks before discharge when activity was allowed, except during rest periods. In the early stages, interaction was limited to others in the same room. During the rest periods, which occupied most of the patients' days, they were supposed to sleep or rest very quietly. They were not allowed to read, talk or listen to radios. No one seemed to use the telephone because there was no one nearby to call. Yet, there was so much time to think . . . No wonder that the interpreters were so unwilling to confine their conversations to health education. I was not even surprised that people who spoke perfect English asked for interpreters.

On the first Friday of each month, we had Patient Health Committee meetings. Representatives from the various tuberculosis wards met with hospital representatives who usually consisted of the medical director, the director of nursing, the social worker, teacher and myself. The patients were encouraged to voice their comments and complaints. When I think about it today, I am surprised how gentle these complaints always were.

I was in charge of the Patient Health Education program for ten years. Eventually, through all of our combined efforts, there were fewer and fewer tuberculosis admissions. My program expanded to include other diseases. We have nearly achieved our

objective to eradicate TB. It is still around, but it is far less common. Yet, I look back with a great deal of nostalgia. It is twenty-one years since I married one of the patients, George Banksland. He, of course, does not share my nostalgia. To be hospitalized for three years under such strict routines was not easy for a youth. It is like losing three years of one's life during a very crucial period.

My final victory came today. Our daughter, a university student, looked over my notes and asked for an explanation of tuberculosis. To her, it is a disease of the past, one of another era of which she has no part. Yet, it is the disease which robbed her of nearly all of her paternal relatives.

The Patients' Health Committee by Dr. M. Matas, Medical Superintendent, Camsell Hospital

The Patients' Health Committee, made up of staff members and representatives of the patients of the Charles Camsell Hospital, met for the first time in November, 1958. Previous discussions had been held before this meeting by the Executive Staff of the hospital with patients, charge nurses, doctors, the social worker, and the principal of the hospital school. All these persons felt there was a need for patients and staff to get together to exchange ideas about the treatment of patients and their problems.

The activities of our Committee include:

- (1) Studying about tuberculosis.
- (2) Teaching of general health rules.
- (3) Learning the correct procedure of meetings.
- (4) Encouraging participation in group activities.

The regular membership consists of five patients, the Medical Superintendent, the Director Of Nursing, and the Medical-Social Worker. The patients represent Ward 2, Wards 3 and 4, Wards 5 and 6, Ward 9, and Ward 10. The patient members, therefore, are usually two women and three men. The nurse who is responsible for health teaching, Mrs. McCoig, attends and Mr. Dosdall as representative of the school principal and teachers. Periodically one of the head nurses sits in as an observer to learn more about the meetings, and thus is better able to help the patients on the wards. Mrs. Carmichael, who is not a member of the Committee, plays an important part filling the office of secretary.

Meetings are held in the Conference Room at 8:30 on the first Friday of each month. They are quite informal but are conducted according to the basic rules of parliamentary procedure in order that any members not already familiar with the proper method of conducting a meeting will have an opportunity to learn parliamentary rules.

The ward representatives frequently ask questions about tuberculosis or other diseases. If these questions cannot be answered immediately the answer is provided at the next meeting, if possible.

X-rays have been shown and the various types of tuberculosis have been explained. At one meeting the members asked that films about tuberculosis be shown to the patients on the wards. The picture "Inside Story" was shown at the next meeting and the members decided it would help the patients to better understand their disease. Mrs. McCoig has shown the film twice since to people throughout the hospital.

Our January meeting this year ended with a tour of the X-ray Department. Mr. Goodall explained all that he could about the work done, and arranged that the members see a film being developed.

Mr. Campbell from the Laboratory has been a visitor at several meetings. He has told about the bacillus, or "bug" that causes tuberculosis. Following this he has taken the members to the Laboratory to see exactly what happens to a sputum specimen from the time it comes to the Laboratory until the TB can be seen under the microscope. The members learned a great deal from this visit and were particularly intrigued by the microscope.

Other topics that have been discussed over the months are sanitation, housing, nutrition and alcoholism. Miss Feyrer, the Regional Dietitian, attended two meetings and spoke about proper eating and good planning in buying food. The questions on alcoholism resulted in the showing of a film on this subject throughout the hospital, followed by an excellent, short talk given by a member of Alcoholics Anonymous.

Last September the members were guests of Enoch's Health Committee, from the reserve at Winterburn, when they held their regular meeting at the hospital. This gave the Hospital Committee an opportunity to observe how such a committee could operate at home on the reserves. It was very interesting to learn what subjects were on the agenda and how problems were approached.

We have twice been fortunate in having Miss E. Martens, Health Educator with Indian and Northern Health Services in Ottawa, as a guest at our meetings.

Many things have been discussed at the meetings of the Patients' Health Committee. Each member represents the patients from his or her ward. The minutes are mimeographed and each representative arranges that copies of these minutes are distributed to the patients in the ward which he or she represents. Much interest and enthusiasm among patients and staff is shown in these meetings. Many good suggestions have been received. The members have been

especially co-operative in interpreting information to their wards, in explaining changes, and in presenting questions to the Administration. We look forward to even better meetings in the future.

I feel that this Committee is a very important part of our hospital management and I am proud of the part that patients, nurses, doctors, the social worker and the teachers have played in it. Our hospital has certainly become a better treatment centre with so many interested people working together with a common purpose.

From "*The Camsell Arrow*" — Spring, 1961.

Health Education Programs

by Kay Dier

From its inception the Charles Camsell Hospital has given a high priority to education. Dr. Meltzer, in a memo dated April 14, 1947, requested the medical staff and department heads to participate in presenting a series of lectures on various aspects of tuberculosis and its treatment for the nurses and aides. This started a tradition that was continued and gradually evolved into a sophisticated orientation and in-service program for all nursing personnel. Over the years there have been a number of unique educational programs offered at the Camsell.

Assessment Program for Native Girls

Indian and Eskimo girls who had completed Grade 8 or 9, and showed promise, were sent to the hospital for assessment as potential candidates for the Nursing Aide School in Calgary. This assessment period gave them time to adjust to city life and also helped to determine if they had the interest and ability to complete the rigorous ten month course.

When they first arrived the girls were taken shopping for clothes, if necessary, and given some motherly advice about coping in the big city, such as not



Mrs. Geoffrey Thompson, C.N.A. (left) and Miss Liz Potskin working with young children, May 1965. Miss Potskin later attended the Nursing Aide School in Calgary.

talking to strangers. This proved to be a necessary warning especially as many of them came from small settlements where everyone was either a relative or an old friend.

The girls lived in the Units and when possible shared a room with another trainee who could help in the adjustment to the residence and its rules. Adapting to the new life style was difficult but accepting the discipline required by the hospital was even harder. Getting to work early in the morning proved to be the greatest obstacle. One girl, even after buying the prescribed "Big Ben" alarm clock, continued to sleep peacefully through the alarm until I personally called her. We solved the problem by placing the clock in a tin bucket several feet from the bed so that the resulting din forced her to get up and turn it off. By then she was truly awake.

In the hospital the trainees were each given a uniform and taught basic nursing skills. They were given small writing assignments and tests periodically to prepare them for the academic program ahead. After two or three months they were recommended for the nursing aide program if it was felt that they could cope. It was a difficult transition and many were so overcome by loneliness and lack of family support that they dropped out after being accepted into the school. Indeed, it took a lot of determination and fortitude to persevere. Often the girls had less than minimum academic preparation and were forced to conform to rules and regulations that did not make much sense to them. Jessie Bonnet Plume, in a letter after she graduated, spoke of the innumerable problems she had encountered, then added, "It wasn't that I did anything worse than the other girls, but it was just that I always got caught!" Most of us could relate to that statement. The truth of her point is illustrated by an incident when a head nurse found one trainee having a nap in a wheelchair in broad daylight. When awakened and sternly asked if she was sick, she innocently replied, "No, just tired". It had not occurred to her to make up a story to explain something as natural as resting when you are exhausted. Most of those hardy souls who graduated as nursing aides went back to work with their own people, either at the Camsell or in other hospitals on the reserves or in the north.

Nursing Aide Program

From time to time nursing aides in training at the Calgary School took part of the clinical experience at the Camsell Hospital. The first class to take a 20 week term was accepted in December 1967 from the Edmonton School for Nursing Aides. There were eleven students who rotated through medicine, surgery, obstetrics and pediatrics. At this time the first nursing orderly trainee from the new program was

also accepted. (Camsell Arrow, Spring '68, p.2). Since that time there have been ongoing arrangements with the Nursing Aide School to accommodate their students. The already cordial relationship was enhanced when Mr. James Dunne, a former head nurse at Camsell, became one of the Directors of the School.

RCMP Course

Another unique program which started in May 1953 was a two week course designed to prepare RCMP for the health care problems they would face in the north. Often they were posted to settlements that had no medical or nursing personnel therefore, by default, these constables would be responsible for the health care in their communities.

The course included lectures on how to deal with medical emergencies and the proper procedures for evacuating patients. The men were taught to take temperatures, recognize common medical conditions and to dispense medications. In the maternal-child area they were instructed in the basics of deliv-



Miss Kay Dier, testing RCMP skills, 1960.

ering babies as well as infant nutrition and the prevention of communicable diseases. Through arrangements with the Royal Alexandra Hospital they were able to attend a normal delivery. I once got a call from an excited constable about 3 o'clock in the morning to tell me he had just delivered twins. I suspected at that point he was out celebrating with the father!

In the practice component they had the opportunity to be on the receiving and giving end of a needle and observed how to pull teeth.

They were serious students and impressed the examiners at the oral examination at the end of the course. In the words of Dr. Bert Harper (which have to be altered slightly to pass the censors) "even if they never use any of this stuff they will make darn fine husbands".

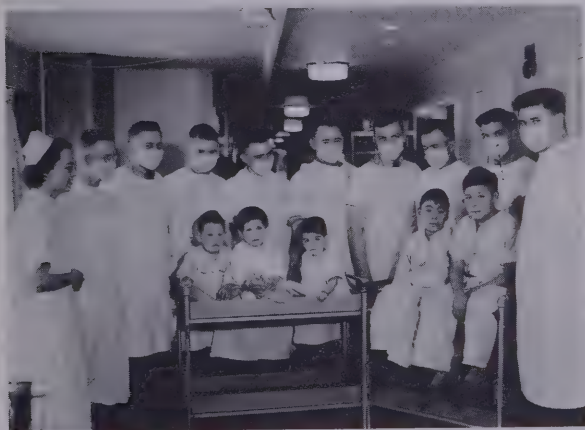
In fact they did put their new knowledge to very

good use. All the medical superintendents, at one time or another, had cause to compliment the RCMP on their cooperation and their ability to communicate pertinent signs and symptoms. One constable, from Grise Fiord, sent such a comprehensive report about an Eskimo with an eye condition that Dr. Gordon Gray wrote to the man's Commanding Officer commending him. Dr. Bill Davies, who travelled extensively in the north wrote:

"My compliments to Messrs. Ward and Heapy, policemen who fill the part of immigration authorities, game wardens, housewives, surgeons, physicians and nursing staff to the people of Cambridge Bay, N.W.T. I was somewhat shaken on arrival to see an artificial feeding chart for babies hanging on the wall. It turned out, however, that working on this they had certainly saved the life of Baby Akanak." (Camsell Arrow Jan/Feb. 1955).

I can personally report that this praise was well deserved for when I arrived in Cambridge Bay the following year I received a detailed health report on all the native families from one of these constables.

The RCMP course filled a gap in the health services at that time. It also served to establish a special bond between the police in the north and the Camsell Hospital. This feeling of fellowship was no doubt enhanced by the windup party that was held at



Part of the 1955 RCMP class with Mrs. H. Hope, R.N. and TB children from Ward 7.

the end of each course. It was well attended by medical and nursing staff and the ever obliging nursing office always tried to ensure that all single eligible nurses were off duty that night! It is not surprising that romances blossomed at this time each year, one actually leading to the marriage of nurse Pearl Morlock to Constable Peter Hebblethwaite.

As Dr. Percy Moore noted, this course illustrated the excellent cooperation between government departments that resulted in the best possible service to the people of the north. He also mentioned that he and Commissioner L. H. Nicholson of the RCMP

collaborated on a policy of posting constables who were married to nurses to isolated areas where the skills of both could be put to good use. Of the RCMP involved in the program three men stand out. One was Staff Sgt. Kearney who headed up the group in 1955 and 1956. Another was Cpl. Van Norman who returned on a subsequent course as Sgt. Van Norman and is now Superintendent of the Winnipeg Division. Sgt. Ed Lysak, officer in charge of the final course, 1960, rose to the position of Commanding Officer, K Division Edmonton, before his retirement. This simply confirmed the widely held belief that the cops on the Camsell course were the cream of the crop.

Teachers Course

A short course was held at Camsell on April 28, 29, and 30, 1958 for teachers who were proceeding north for the summer. The purpose was to give them some basic health knowledge as there were no medical personnel in the areas where they were going.

The course ended in a round table conference with staff who had worked in the north so the teachers could discuss any concerns they had about living conditions or health matters. Correspondence that followed confirmed that they had found the sessions helpful.

Student Nurses Affiliation Program

After World War II tuberculosis was recognized to be a major health problem with an especially high incidence among returning servicemen and the native population. The TB Association had long been pressing for advanced training for nurses in this field so they could not only give better care to patients but also learn how to protect themselves from con-



Dr. J. Osborne lecturing on chest surgery to student nurse affiliates, 1955. Misses Hancock, Grolla, Darling, Ebers, Bruhaug, Klein, Stang, Krisch, Almas. Miss K. Dier, Ass't Director Nursing and Miss F. E. Taylor, Director of Nursing are in the back row. (Credit: Provincial Archives of Alberta, Blyth Collection BL 221315).

tracting the disease. The Aberhart Hospital had started a program in Tuberculosis Nursing but could not accommodate all the students in the Edmonton area. Consequently the Camsell was approached and I was granted leave to obtain my Teaching and Supervision Certificate at the University of Alberta in order to organize the affiliation program.

In the fall of 1954 the first class of six students was admitted to a six week program. This was later reduced to four weeks. Students came from the Royal Alexandra Hospital, the Edmonton General, the Misericordia and from St. Joseph's Hospital in Vegreville. The numbers were later increased to ten and for two summers there were groups accepted from the baccalaureate nursing program at the University of Alberta. Their rotations provided experience on two different wards.

The first students were: Misses Nash, Buck, Stang, Manning, Green and Lundrigan.

Students were given one day of orientation to tuberculosis treatment and routines, gown and mask techniques and the physical layout of the hospital. Subsequently they worked on the wards and attended

lectures in the afternoons during the patients' rest period. The lectures and ward clinics covered all aspects of pulmonary and non-pulmonary tuberculosis as at that time there were many cases of TB glands, bones and joints, kidneys as well as miliary tuberculosis and TB meningitis. There was an effort made to present the cultural aspect of care and Father Pat Mercredi's session on native beliefs was a favorite. A one day visit to a reserve was scheduled with the public health nurse to give the students a better appreciation of the native way of life. Miss Marguerite Schumacher, then Advisor to Schools of Nursing, visited and was very supportive, particularly of the cross-cultural content. The lectures were also attended by nurses new to the staff and those who had had no previous tuberculosis experience.

The students thoroughly enjoyed the comparative freedom of living in the Camsell Units where rules and regulations were much more relaxed than in their home schools. One lively group hung a huge banner over their balcony which read "Heartbreak Hotel". After serious deliberation in high places it was de-



Student nurses honored at tea, 1956. L. to R.: Mrs. Kidney, Dietitian, Miss E. R. Roulston, Student from Misericordia Hospital, (unknown), Miss M. McCulloch, Physiotherapist, Student from Royal Alexandra Hospital (unknown), Mrs. G. Rapley, R.N. Standing: Student from Royal Alexandra Hospital (unknown), Student from St. Joseph's Hospital, Vegreville (unknown), Miss R. Fadum, R.N., Miss K. Dier, R.N., Instructor, Miss M. Cogill, R.N., Mrs. J. Kerans, Teacher, Student from Edmonton General Hospital (unknown), Miss E. Wickencamp, Laboratory Technologist.



Student Nurses, First Class, 1954. Front Row: Miss K. Dier (Assistant Director of Nursing), Dr. M. Matas, Miss Buck. Back Row: Miss Stang, Miss Lundrigan, Miss Green, Miss Manning, Miss Nash.

cided that the sign must go since it faced the busy St. Albert Trail and might raise more serious questions

in the minds of the public as to what exactly we were teaching.

Each course ended with a tea for the students with head nurses and department representatives present. There was a genuine interest in the students which proved to be an excellent form of recruitment as many returned as graduates to work at the Camsell.

As tuberculosis was gradually conquered there was less need for nurses to have such in-depth knowledge in this field. Gradually the trend was reflected in nursing school curricula and the affiliation program was phased out in the summer of 1971. During the time the course was operating a number of instructors were involved: Kay Dier, Laura Lissack, Gladys Rapley, Dorothy Barter, Jean Clack, Helen Ready and Eugenie Rogalsky.

Since the new Camsell opened, nursing students from all hospitals, the Nursing Aide School and the University of Alberta have continued to be welcomed on the wards. From January to March 1968, eight students from the Teaching and Supervision Course at the University of Alberta School of Nursing came weekly to observe instructional methods. (Camsell Arrow, Spring '68).

The hospital has seen many students from all disciplines pass through its doors. The ever increasing numbers are proof that the commitment to education has become an integral part of the Camsell tradition.



David Koomayak showing the first crucifix he ever carved to Archdeacon Clough.

But not Neglecting the Soul

Roman Catholic Pastoral Care

by Margaret E. Cogill

In 1948 part of the junior staff dining room was converted into a Roman Catholic chapel. Prior to this, Mass was held in the recreation hall each Sunday. The Department of National Health and Welfare provided the space but no furnishings. With donations from Roman Catholic staff members and the Catholic Women's Leagues of the Edmonton parishes, pews and an electric organ were purchased and these are still in use in St. Luke's Chapel in the new hospital.

Collection, taken up every Sunday, paid for all expenses for the chapel — Mass wine, hosts, candles, vestments, Cree hymn books, missals, as well as rosaries and medals which the patients frequently requested.

Miss Pat Blanchfield acted as treasurer for the chapel from 1948 to 1954. After her resignation to be married, Miss Cogill took over this position. She also assisted in setting up the altar and acting as lector for Mass, until moving from the area in 1982. For many years, Mrs. Zofia Gawlikowska, a former member of the housekeeping staff, has looked after the laundering of the altar linens and vestments as well as decorating the chapel at Christmas and Easter.

The first padre was Father Gamache from Winterburn, followed by Father Levert. In 1949 Father Edouard Rheume was appointed as padre, a position he held for 34 years until ill health forced his retirement. Father Pat Mercredi, from Fort Chipweyan, was a familiar figure at the hospital during this period as he relieved Father Rheume on many occasions including the two years while Father Rheume was on the DEW (Distant Early Warning) line. All the padres belonged to the O.M.I. (Oblates of Mary Immaculate), a missionary order with headquarters now in St. Albert.

Father Rheume came west at the age of 21 and ministered to the native people in Saskatchewan and Alberta. He became fluent in the Cree language.

During the Second World War he served as chaplain with the RCAF and later as an Army Reserve chaplain, spending a total of fourteen years with both units.

Father Rheume lived in a staff residence for many years. When accommodation was no longer available, he moved to an apartment very close to the hospital and was still readily available both day and night. Father said daily Mass at 7:00 a.m. in the chapel and two Masses on Sunday to accommodate patients and staff, frequently giving the sermon in Cree. People attending Midnight Mass on Christmas Eve always filled the chapel and overflowed into the corridor.

Father Rheume soon realized that the patients who were hospitalized so far from their homes suffered greatly from loneliness. Many could not read or write and lost contact with their families. Father decided to do something about it. In 1950 he persuaded the French radio station CHFA to grant him one-half hour free broadcast time each week. For twenty years he carried out a taped program of mes-



Father Rheume visiting patient. Mary Murphy, Antoinette Dodman, Mrs. Edith Taylor, R.N., ca. 1955-1960. (National Film Board, Public Archives of Canada, PA-139312).

sages from the patients to their relatives and friends. Known as "Northern Messages", the program also included music, folklore, Christian teaching, and advice on such problems as alcoholism. It was a tremendous success and the northern natives made sure they stopped what they were doing to listen to the broadcast.

When the CBC wanted to establish a similar service in Inuvik, Father Rheume sent one tape each month for broadcast on the Inuvik station. Tapes were returned and contained messages which were played for the patients at the hospital.

As well as his hospital duties, Father Rheume spent two or three days each month ministering to the native people of Grande Cache. Many of these spoke only Cree. When he was away from the hospital on army or mission duties, a relief priest was always available. Father also was called to other Edmonton hospitals to visit patients who spoke only Cree. He was a friend to all, always willing to listen to problems and to give advice to patients and staff. Senior citizens were very dear to him and he enjoyed visiting senior citizens' homes.

Playing bridge was Father's recreation and he also enjoyed serving meals to his friends, especially his "gourmet" spaghetti.

Mrs. Beatrice Calliou, an ex-patient and former staff member, has played the organ and led the singing in Cree for Sunday Mass for several years. A number of Indians attend Mass in the chapel where they feel at home and appreciate the singing of hymns in Cree.

Over the years the Sisters from St. Vincent's Convent assisted with teaching catechism to the children and distributing communion to the patients who were unable to go to the chapel.

Since Father Rheume's retirement, Father Kindervater has substituted for him at the Charles Camsell General Hospital.

Editor's Note:

Father Edouard Joseph Emile Rheume died on October 4, 1984. He was 77. In the homily at the memorial service held in St. Luke's Chapel, at the Charles Camsell General Hospital on October 12th, Father Duhaime said: "To sum up the characteristics of Father Rheume's ministry: he was an apostle of the native people and an apostle of the sick and poor. He characterized all the traits of the prayer of St. Francis; of sharing and the joy of serving his Master. 'It is in giving that we receive' says the prayer. If I were to suggest a motto for his gravestone it would be 'God loves a joyful giver'. Father Rheume was, all his life, a joyful giver."

The Protestant Pastoral Care The Anglican Chaplaincy by Beatrice M. Clough

In 1946 Bishop W. F. Barfoot of the Anglican Diocese of Edmonton appointed my late husband, Archdeacon Clough, to be the hospital chaplain to the Anglican patients. These patients came from the Eastern and Western Arctic, the Yukon, N.W.T., and northern and southern Alberta. At this time the Eskimo patients were chiefly Anglican.

Our missionaries had learned the languages of the people that they served so the patients' understanding of English was not very extensive. Some of the younger ones, who had been to school in Aklavik, did understand and speak English to a degree.



Archdeacon Clough visiting Bertha Stevens, V. Woytovich with Maggie Thunderspirit, ca. 1952. (Credit: National Film Board, Public Archives of Canada, PA-139313).

In the hospital the visiting and the administration of Holy Communion to the patients was done mainly on an individual basis as most were confined to bed.

In the fall of 1947, during the visit of the Honourable Paul Martin, Minister of Health and Welfare, arrangements were made for a Protestant Chapel in the Charles Camsell Hospital. The chapel was ready in 1948 but was replaced later by a beautiful little structure which was greatly appreciated by the chaplains, members of the staff and the patients. With this accommodation having been provided by the federal government, the Protestant adherents were given the responsibility of furnishing the chapel. This was done largely by appeals to the friends of the hospital and other interested persons.

The chaplains at that time were the Rev. Dr. J. F. Woodsworth for the United Church and the Venerable Archdeacon C. F. A. Clough for the Anglican Church. Through the many church contacts of these gentlemen, the furnishings were provided. Gifts

came from far and wide. Without having a complete list, I hesitate mentioning any donors except Dr. Charles Camsell, a devout Anglican, who presented a beautiful brass altar missal stand for the chapel. The chapel was dedicated in May 1948 by Bishop Barfoot with the Rev. Angus MacQueen representing the United Church Communion. Following the dedication Bishop Barfoot administered the rite of Confirmation to Esther Big Bull and Doris Kikpak from Ward 4.

There are a number of "firsts" which I feel should be recorded. On November 28, 1946 Bishop Barfoot administered the sacred rite of Confirmation to Abraham Okpik, a seventeen year old Eskimo TB patient, who had been flown to hospital from Aklavik. He was prepared and presented by Archdeacon Clough. Following the Confirmation Service, the Bishop administered the Sacrament of Holy Communion to twenty-two Indian and Eskimo patients gathered around Abraham's bed. This service was unique, establishing the challenge and opportunity confronting the church in her mission work at "the crossroads of the world".

In May 1948, the Royal Humane Society Honorary Testimonial was presented to Donald Ayalik by Rt. Rev. W. F. Barfoot at a service in the chapel. Donald had attempted to rescue his stepfather from a burning boat at Cambridge Bay. He did save his younger sister by holding her in the water over the side of the boat. He had burns to seventy-five per cent of his body.

The first Eskimo baby born at the Camsell arrived on February 23, 1950. The mother was Milly Apotaluk from Cambridge Bay and the baby was baptized Mary Margaret Alliyak by the Rt. Rev. W. F. Barfoot, assisted by Archdeacon Clough. The first Eskimo twins, Robert and John Hogialuk, born June 3, 1950 to Jessie Hogialuk of Bathurst Inlet, were baptized by Archdeacon Clough. The second Eskimo twins, Blair and Allan, were born to Evetook Shometook and Tateak and were baptized by Bishop Clark, January 20, 1961. There were many more baptisms as the years went by.

The first staff wedding to take place in the Protestant Chapel was recorded in the "Camsell Arrow" as that of Janet Elizabeth Day, daughter of Dr. A. M. Day of Consort, Alberta to Gordon James Rogers of Brandon, Manitoba on Friday, December 8, 1950. The ceremony was performed by Archdeacon Clough. Mrs. Rogers is a member of the nursing staff. There were several other weddings, some of staff, some of patients, and others of friends.

The January 1952 "Arrow" reported that the Rev. C. W. Sowby, Principal of Upper Canada College, Toronto, assisted with the service in the chapel when

he was here to visit his son, Dr. David Sowby, of the hospital staff. The March 1953 "Arrow" recorded the visit of the only full-blooded Indian to serve as a clergyman in the north country, the Rev. James E. Sittichinli, a Loucheux Indian from a band of six hundred near Fort McPherson. He was assistant to Archdeacon Webster of All Saints Cathedral in Aklavik, N.W.T. This was the first time in forty-seven years that he had ventured "outside" of his home territory. This visit was a source of great joy to the patients who knew him.

The occasional visits from Archdeacon John Sperry of Coppermine (now Bishop Sperry of the Arctic) were such happy occasions for all the Eskimo patients. He brought them messages from home which boosted their morale.

In 1955 and 1956 tapes of messages from the patients were made and sent to the CBC in Winnipeg for broadcast on the "Northern Messenger" programs to the north. As time went by, some of the patients acquired their own equipment and sent home their own taped messages.

I want to pay tribute to those who responded to a request for visitors to the patients, and there were many who, over the years, gave unstintingly of themselves. This added immeasurably to the rounding out of the Pastoral Care, and we were most grateful for their help. We were very indebted to Mrs. Doris Hester who volunteered to teach Sunday School to the children. This was a monumental undertaking for many reasons. With her thorough early religious training, her love for children, her sheer determination plus the help from the volunteers whom she enlisted, the program took shape. She tells about it in her own inimitable way.

Doris and her late husband, Leo, were at the hospital each Sunday with flowers for the altar and they decorated the chapel on all special days: Christmas, Easter and Thanksgiving. She also presented a beautiful red leather Bible for the Lectern in memory of Leo.

Mrs. C. H. Harris from St. Peter's and Mrs. Chris Hawkins from St. Paul's were very faithful organists. There were others for shorter periods.

At Christmas, gifts for all our patients were provided by the Women's Auxiliary branches of many of the city parishes.

My husband had a wonderful rapport with the staff at all levels, and appreciated their friendship and co-operation. Their goal was the same.

During the Archdeacon's illness we were grateful to the Rev. Victor Cox who took the services and visited the patients. He was appointed Chaplain by Bishop Burch upon my husband's death in 1968.

I am certain that my husband was happy to end

his fifty-four years of service to his church at the Charles Camsell Hospital with the patients who had become so important to him.

The United Church Chaplaincy by Elva Taylor

Rev. Joseph F. Woodsworth, B.A., D.D., United Church chaplain at the hospital, had a life-long association with Indian people. In 1887 his father was appointed first Superintendent of Missions in Western Canada for the Methodist Church. Dr. Woodsworth himself began teaching at the Brandon Indian Residential School in Manitoba in 1903. From 1904 to 1912, during which time he was ordained, he served at several charges in Alberta. In the autumn of 1912 he became principal of the Red Deer Residential School for Indian children and continued in this position until 1922 when he moved, as principal, to the new Edmonton Residential School, now Poundmaker's Lodge Rehabilitation Centre. He retired in 1946 and then commenced his work at the Charles Camsell.

Dr. Woodsworth was a kindly, gentle man who knew and understood the Indian people. Not having a car he depended on friends or the hospital drivers to bring him to visit his small flock. He held regular chapel services, Communion services, baptized babies and performed his pastoral duties faithfully. His reminiscences brought pleasure to the adults and his affection, consolation to the children. The patients and the staff were "his" people. Rev. W. Moss, from Westminster United Church, visited patients and assisted Dr. Woodsworth during the latter part of the 1950's. Dr. Woodsworth retired in 1959 at the age of seventy-nine. After his death in April 1962 a plaque, in his honor, was unveiled by Mrs. Woodsworth in the beautiful little chapel at the old hospital. It reads:

"In grateful memory of Reverend J. F. Woodsworth, Bachelor of Arts, Doctor of Divinity, United Church Chaplain 1946-1959. A friend of the Indian."

The plaque is now mounted on the wall in the new St. Luke's Chapel.

Rev. Joseph W. Bainbridge was his successor. He, too, was very interested in the native people and gave unstintingly of his time.

Miss Mae Laycock who had spent many years in Alberta working first for the Methodist Church, then the United Church, transferred from Drumheller to Edmonton as hospital visitor. During the beginning of the 1950's she organized a group of thirty women to be volunteer visitors to the United Church patients in the city hospitals. She, herself, visited regularly at Charles Camsell.

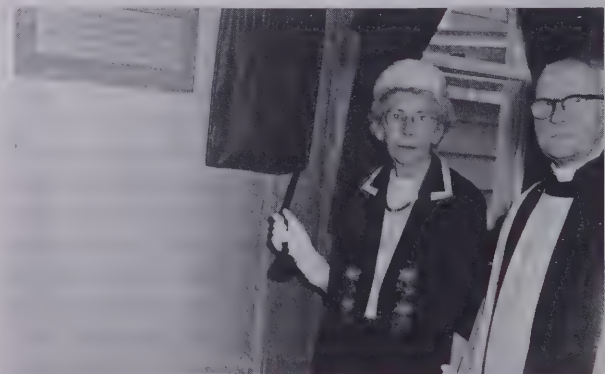
Following the retirement of Mr. Bainbridge, the minister from the Westminster United Church became responsible for the work at the Camsell. The manse was located one block from the hospital which made it convenient if there was an urgent call. Rev. R. J. Leighton assumed the duties early in 1966. One of the many happy memories of his years at the hospital is the sound of guitar and violin music heard so frequently on the men's wards.

Mr. Leighton said the Indian people identified with the Methodist Church as Methodist missionaries worked among the Indian people at the Rundle Mission on the north side of Pigeon Lake, at Whitefish Lake and at Morley starting in the mid 1800's. They maintained their loyalty to the past but accepted the United Church in the present.

One incident that was enlightening and interesting for Mr. Leighton was an escort trip he made, in the company of a member of the medical staff, to Yellowknife and Fort Rae, N.W.T. The patients going home ranged in age from a babe in arms to an elderly gentleman. When flying over the sparsely settled north country, midway between Edmonton and Yellowknife, Mr. Leighton looked out the plane window and thoughtfully considered that, if the plane was forced down in this area, the escorts would have to depend on the patients to be their guides!

At Fort Rae one of the Sisters at the Grey Nuns' Farad Hospital took Mr. Leighton to meet everyone in the community who had a relative in the Charles Camsell. He was given messages to bring back and was able to provide some information to the people whom he met.

In 1968 Mr. Leighton left Westminster Church to become director of pastoral care at the Royal Alexandra Hospital. Rev. Carlton Miller followed him to the church and to the work at the hospital for the next three years. Rev. Dr. G. L. Vogan succeeded Mr. Miller. He has fond memories of his pastoral work at



Mrs. J. F. Woodsworth and Archdeacon Clough in the Protestant Chapel, ca. 1962.

the Charles Camsell and his association with the Indian patients and their families. Dr. Vogan paid high tribute to the women from Westminster United Church, especially the UCW, who were such faithful visitors to the patients and also such a support to him in his work.

The Sunday School at Camsell

by Doris Hester

A volunteer Sunday School teacher from February 1948 to Easter 1969. A member of St. John's Anglican Church and recipient of several World Council of Churches Certificates, Mrs. Hester rarely missed a Sunday at the hospital, and was always accompanied by her husband, Leo, health permitting. During this time she was employed full-time as a legal stenographer. Mrs. Hester is retired and lives in Edmonton.

How did the Sunday School at Camsell come about?

The late Pearl Tackaberry, who was Diocesan President of the Women's Auxiliary to the Church of England in the Dominion of Canada, as it was then known, alerted her W.A. members in Edmonton of the change of the military hospital to a hospital for native people who were suffering from tuberculosis and other diseases. Mrs. Tackaberry sent out a call to visit Indian and Eskimo patients, at the hospital soon to be known as Charles Camsell. I am sure every parish in Edmonton responded. It was the first project of our newly formed Evening Branch at St. John's, but, as all the other members of our group had young children and we would be exposed to communicable diseases, I ended up being our regular visitor.

Archdeacon C. F. A. Clough, O.B.E., former Protestant chaplain for the military hospital, continued as resident Chaplain after the changeover. Dr. J. F. Woodsworth was appointed United Church Chaplain, the United Church having long operated a residential school for Indian children in this area. Father Rhéaume, O.M.I. was the resident Roman Catholic Chaplain. He and Archdeacon Clough were given living accommodation for a time at the hospital.

Through the cooperation and Christian dedication of these three men, every Sunday at 10:00 a.m. Sunday School thrived in its unique exuberance and joy, always supported by the entire hospital staff who were our protectors, expeditors, our never-failing friends and even rescuers.

The Sunday School started as regular Sunday afternoon visits to the Anglican children in the children's wards. In Ward 2, a girls' ward, my friends Miss Emily McCaughey, a primary school teacher

for the Edmonton Public School Board, and Mrs. Bessie Knight, both of Holy Trinity parish, and Mrs. Hilda Tombs of All Saints' Cathedral and I "teamed up". Miss McCaughey and I taught the Anglican children and Mrs. Tombs and Mrs. Knight visited all the Anglican women patients. We were later joined in teaching by Miss Betty Bint and another young woman of St. Stephen's parish, both of whom soon moved away. Mrs. Helen Davidson of St. Paul's parish taught the young boys and the children who were in orthopedic casts in another wing of the hospital. She was a member of the regular school teaching staff of the hospital and she and her youngsters were already good friends.

As most patients were on a strict bed rest routine, all Sunday School teaching was on an individual basis at the bedside. Not only was this time-consuming, we soon discovered that it was also isolating. With the cooperation of the nursing staff and clergy we worked out a program of simple plays to celebrate the events and seasons dear to all of us. Now every child in the ward could participate in activities together and as their own community of Camsell Hospital.

Thus it was that the **Counterpane Players** opened. It was a unique theatre. We had no entrances or exits because all of the players were bedfast. But, we had simple lines, props, costumes and even a bit of make-up, and we tread the boards of fantasy with the enthusiasm of true troupers. I remember with loving gratitude the assistance Mrs. Myrtle Underdahl, my former neighbor at Manyberries, Alberta, gave me in costuming and making the world of "dress-up" a bit of an escape from hospital pyjamas. For special gala performances we often had a distinguished audience: sometimes medical specialists on staff, Archdeacon Clough and, later, Mrs. Clough



The small Counterpane Players of Ward 2 in their Easter costumes as they scan their lines for "A Journey to Easter Towne", 1955. First row from left: Freda Bull, Emma Dominique, Melinda Bullshield, Clara Beaver, Myrna Hillis, Margaret Cree. Second row from left: Bella Michel, Doris Omeasoo, Murielle Blondin, Vera Williams.

and Father Rhéaume. Father's bluff, "You sang well" was sweet praise. And always our supportive nursing staff moved so quietly in the midst of our excitement and drama; they never interrupted our action or lines.

Christmas and Easter were our most festive seasons, with some quite fierce try-out competitions for the role of the Virgin Mary at Christmas and St. Mary Magdalene at Easter. As I remember, the role of St. Mary Magdalene always went to one of "Father's little girls". Our small Roman Catholics were fervently devoted to her and wore the purple veil and robe with piety and dedication. There were also minor productions when each small patient got into costume for Valentine's Day, Hallowe'en, St. Patrick's Day and other special occasions.

The Ascension Day Procession was a favorite event. One of the girls was chosen to be the "Spirit of Ascension Day". She wore a long white robe and a wreath of roses around her head. I still have the wreath. Seated on a low box covered with pink paper, she rode on a stretcher draped with a white sheet and loaded with bouquets of fresh daffodils and tulips from Eaton's. She made her procession to every room in Ward 2, leaving a bouquet of spring flowers in each. The Ascension Day Flower Float never lacked for enthusiastic pushers, duly directed and marshalled by Archdeacon. When the Eskimo women first came to the hospital they were amazed to see, feel and receive real flowers when there was still snow outside.

When the treatment for TB changed, we were able to gather our children in one location for a more traditional type of Sunday School. We were assigned a nice long table in the sunroom on Ward 2, at the regular time of 10:00 a.m. to coincide with the Sunday morning services of the adults in the chapel.

Now we were able to form a Worship Circle in the sunroom, with prayers, Bible lessons, and Sunday School hymns and songs. From our Worship Circle we moved to the long table with plenty of room for Sunday School papers, crayons and handicrafts, and were able to move around. From all those sunroom windows we could see far away. We could even see the skyline of the City of Edmonton!

Since I never knew from one Sunday to the next how many children, or what ages to prepare for, all materials and study plans had to be very flexible and adjusted to the skills of each child who came. The hours we spent together in our sunroom Sunday School were blessed, treasured times.

On May 14, 1963 illness and death took away Mrs. Tackaberry, our dear friend and supporter. From this time forward we were entirely under the care and direction of Archdeacon Clough.

Then came other changes. In the mid 1950's the

Protestant Chapel had to be replaced because of deterioration of all parts of this small building which had been attached to a main hall. The new chapel, in the same location, was the typical small structure so familiar in rural Canada, facing north and south, with full sash windows letting in bright natural light along the east and west walls. The hospital maintenance staff built the chapel including the communion rail, which Archdeacon treasured, and I believe they also built the altar and lectern. The chapel was bright and sunny, a perfect place for worship and we became our own "parish".



Sunday School at the Camsell. The children are busy working on handicrafts following the Worship Circle.

The children continued to be kept separate, their visits with adult relatives and friends carefully supervised by the hospital staff with all medical precautions. The Sunday School was moved to the Conference Room in a new addition making it more accessible to all the children's wards. Again we had a large, sunny, attractive room. We were able to use a table for an improvised altar and to gather our Worship Circle around it in a more traditional way. Archdeacon gave us the small wooden cross from his portable communion set, which had gone through battles in World War I and been placed on many a sand dune altar in the desert. We loved our "Moses Cross". With children of more varying age groups, we had separate tables available for a wider teaching and handicraft program. Mrs. Nan Coleman joined us every Sunday and also took over the room of children in casts after Helen Davidson's departure from Sunday school teaching.

But even this ideal situation had to change, for a whole new hospital was built. The new Protestant Chapel was now a large room off a main hall. We still had our altar, communion rail and lectern, and some very nice new chairs. We set about to settle in and create a worshipful atmosphere in our new surroundings. Very soon after, Mrs. Coleman moved away

from Edmonton, leaving me the only one of the "every-Sunday-at-ten" teachers.

The Sunday School moved first to a sunny room on the third floor of the new hospital. Later we moved to the visitors' area on the sixth floor. Since Sunday School was still held at 10 o'clock in the morning, we had no interruptions from visitors and again we could enjoy and marvel at the skyline of the City of Edmonton. The children were old enough to perform most of the duties for worship. They selected and announced the hymns and songs, read the scripture lesson aloud, distributed the lesson leaflets, and arranged the cross and flowers and candles on our new altar, the top of a low book case. A dear lad of about ten years solemnly and faithfully rang the bell for the commencement and end of our Sunday School sessions. We couldn't begin or end without him.

Sorrow befell us again. Dear Archdeacon Clough, our spiritual "grandfather" and guardian, died after a short illness. The Camsell work was assigned to a nearby parish; the churchmanship changed. When I went to the hospital one Sunday morning to take the Sunday School class as usual, a message had been left with the staff to advise me that hereafter the children would attend services every Sunday with the other patients in the Chapel. The new lay-reader or deacon would include a story and religious instruction for the children in his regular Sunday services.

So we had come full circle. The children and I had already commenced a lesson series in which we were very interested, so I changed my time to the afternoon and we continued until Easter, when I took my final leave.

The Department of National Health had achieved its goal: the eradication of tuberculosis among our native peoples. It was a brave and glorious undertaking. I am thankful I was privileged to have played such a microscopic bit in the Camsell epic. Adequate hospitals had been built in the north, making the long journey to Edmonton and the cruel separation from family and home less common. Local congregations in Edmonton were now able to come and get patients of their denomination and take them to their own churches for worship and fellowship. Charles Camsell Hospital had become a general treatment hospital for the use of people in the Edmonton area.

We had indeed come full circle. The bugle had sounded and it was time to break camp and march. Folded in my prayer book is a beautiful letter of thanks from the hospital.

Edith Josie, the reporter for the Whitehorse Star who delighted us with the news of Old Crow, the muskrat and hunting season, and the meetings of St. Luke's Anglican Women's Auxiliary, always began

her famous column with "**Here are the News**". I invite you to smile and maybe chuckle with me, and no doubt share a few tears as I recount for you some of the highlights and exciting events of the Protestant Sunday School at Camsell Hospital.

Here Are The Sunday School!

Advent

In high spirits we busied ourselves preparing our hearts to receive the Baby Jesus at Christmas. We sang "O Come to My Heart Lord Jesus" and on each Advent Sunday as another candle was added on our Sunday School altar, we could see how much brighter and nearer was the light of His coming. On the First Sunday in Advent a large tray of lighted oranges was carried into the ward, a tiny candle and a sprig of evergreen tucked into the top of each one. After we sang our Advent song, the candles were blown out and each child in the ward received an Advent orange. On the last Sunday in Advent we made a procession down the hall singing "The Angel Gabriel came to earth . . ."

One year the sisters were able to help us march and sing. We were always ready for Christmas.

Christmas

The Christmases at Camsell would fill a book. How can we ever put the spirit of it all in words?

Before we had the new chapel, our Christmas was held in the children's rooms in Ward 2. We always had a Christmas play, with costumes, lines and a bit of make-up. These were the days of the Counterpane Players. We sang Christmas carols and had Christmas stockings with treats. One year there was a doll for each little girl in the ward. Lillian Brown of St. Stephen's kept her sewing machine humming, dressing dolls. I am sure her Scottish lassie doll dressed in Highland kilt is remembered by the little girl who chose and treasured her. That year Madge and Hugh McColl supplied "real" toy cars for the boys in their ward in one of the redwood buildings.



The Counterpane Players re-enacting the Nativity Scene in their Christmas production, 1955. From Left: Martha Mikigiak, Martha Pamiorak, Karen Kingmik, Emma Dominique, Susan Carvill, Rose Nahachick, Marilyn Murray.

After we had the new chapel and the children were permitted to leave their beds and ward, we had beautiful Christmas services together the evening of the Sunday before Christmas. There was a real Christmas tree with lights, heather (from Mrs. Coleman) and flowers for the High Feast on the altar, potted scarlet poinsettias donated by Eaton's on stands in the chancel, and the whole congregation together in one place. Such a benediction of love and beauty! Now the parents, friends and kin of the children could see them participate in the Christmas pageant put on by the Sunday School. Like all parents they had eyes for their own and, with nudges and nods, identified them to others in the pews.

One Christmas was special to me, probably because it was the first in the new chapel. The children's pageant now took place in a real church, at evening service just before Christmas. It always began with the journey to Bethlehem, a procession into the chapel led by Joseph and Mary to the crib filled with hay which stood before the altar rail. A blue satin scarf with a rose on it was spread on the floor beside it. They were followed by a band of Christmas angels, as many as were able to be up and about. After Mary was seated beside the crib and Joseph took his place opposite her, Archdeacon read the Gospel according to St. Luke, and an angel laid the babe in the crib. Then excited shepherds, carrying their lighted lanterns, burst through the chapel door and hurried down the aisle to kneel before the crib and adore the Babe, and we all sang "It Came Upon the Midnight Clear".



Mrs. Hester, Archdeacon Clough and the Counterpane Players dressed for their Christmas pageant.

A little deaf-mute Eskimo girl, named Edith, was the Virgin Mary that year and all through the service she lovingly rocked and burped a very colicky Baby Jesus. We could hardly take our eyes off her. I doubt if the role of the Virgin Mother has ever had such an

interpretation. But I had difficulty casting the role of Joseph. All the boys the right age and size were too shy to play the part; they were intent on being shepherds carrying battery-lit lanterns. But help was at hand. A five-year old boy announced firmly, "I will be Joseph." He was accepted, his height and diminutive size no problem. During the service I took my eyes, for a minute, from the sweet busy little Mary to look at Joseph. He was contentedly munching a peppermint candy cane. He had remembered to pack provisions for the journey. Archdeacon saw him at the same time, and after the service good Joseph received full affection and praise for his fresh and thoughtful interpretation of his role. At the conclusion of the service, the ceiling lights were turned off and in the light of the altar candles and the Christmas tree we all sang "Silent Night, Holy Night". Every Christmas Eve, I remember this service.

Memories of Camsell Christmases will lighten and lift our hearts for all our years to come.

Palm Sunday

Singing "Wave the palms and wave the branches,
Wave the branches, gaily sing,
On a donkey, on a donkey, on a donkey
rides our King!"

the Sunday School children entered the chapel on Palm Sunday in procession carrying budded pussywillow branches, lilac twigs in first leaf and sometimes just greenery from the florist. Archdeacon was standing and waiting for them at the chancel, beaming with grandfatherly love as his children, waving their branches and singing, proceeded to their front row seats.

There were daffodils and pussywillows on the altar and live potted palms (mine and friends') on stands in the chancel. As the children left to return to their wards, Archdeacon gave each of them a palm cross made and given to us by St. John's.

The altar cross was reflected on the high varnished wall behind the altar by the lights of the chapel and the altar candles, an artistic effect no doubt some large churches, even cathedrals, would have admired and thought worthy of note. It had all been designed and executed by Camsell maintenance staff.

Easter

Easter at Camsell! It was always such a joyous day, how can I tell of it?

From the beginning, we of the Sunday School were energetic and innovative. For our first Easter in Ward 2 we grew our own Easter nests. All the little girls helped sow grass seed in metal trays, which we watered and placed over the radiators. With the help of our good gardener, Mr. Ford, we brought off quite a fine crop in the late snows of winter. When I arrived

Easter afternoon, a ward full of excited little girls told me of a small miracle. Early Easter morning when they wakened they discovered bright colored eggs had been tucked in the grass, an egg for every child! Mrs. Hamilton assured me it was true. Later I quietly thanked Dorothy Hodgson for the eggs she had cooked and colored and delivered the afternoon before — a gift of love which she was to repeat.

We had the Easter lesson of the Resurrection, pretty Sunday School leaflets and picture cards, we sang, we had visitors. Mrs. Knight, Mrs. Tombs and Miss McCaughey took fresh daffodils and visited and chatted with every patient on the ward.

And that was our first Easter at Camsell.

For the next year or two the Counterpane Players performed our Easter program. Easter baskets of treats and flowers were taken to all the children's wards.

One year we made a lovely European type of Easter Peep Box. Enthusiastically we cut a picture of our Risen Lord, flowers, birds, rabbits, and eggs. We made a tiny tree of a lilac twig and covered it with tiny pink paper flowers. This was all placed on a green grass carpet on the bottom of the box. Enchanted, we peeped at the scene through the hole in the side of the box. I think a skilled European craftsman would have been hard put to excel us!

After we had our new chapel, our Easter plays and tableaux, like our Christmas programs, took place in there.



The Angel proclaims, "He ees raisin!" The adults are Doris Hester and Bishop Clark.

The day before Easter, Archdeacon and Mrs. Clough always picked up potted Easter lilies purchased at Eaton's. When they arrived at the hospital our usual group of workers helped unload the plants and we all set to work decorating the chapel. It was beautiful: lilies in the chancel and flowers and new candles on the altar with its lovely white cloth. There was a large brown papier-mache rock with a few anemones blooming in a crevice in its base.

On Easter morning a sparkling-eyed six-year old Indian angel in a white robe stood beside the rock waiting for Mary Magdalene and the women from Galilee to move reverently down the chapel aisle carrying their spice boxes. Mary Magdalene was in a purple robe and veil, the others followed wearing pastel colored robes and veils. As soon as our Angel saw Mary Magdalene come through the chapel door, she called out excitedly to her and the women of Galilee:

"He ees not 'ere!"

and throwing her arms over her head joyously proclaimed,

"He ees raisin."

One year when our organist could not be with us and it was time for the communion hymn, Archdeacon said to me firmly, "Mrs. Hester, go to the organ and play 'Jesus Loves Me'". I did, although I had not played or read a note for twenty years. All the congregation knew the old favorite and softly sang it in one language or another, and the children piped their favorite hymn. To the end of my life "Jesus Loves Me" will be my Easter hymn.

Harvest Home

How can the delicious earthy smell of fresh garden vegetables, the crabapples and stooks of grain, the marvellous fragrance of Harvest Home be forgotten? Who can forget the joyful exuberance of light shining through golden and scarlet boughs of maple and ash covering the windows; the small branches of ripe red crabapples strewn on the floor along the communion rail with pumpkins and squash and ripe ears of corn; the garden asters and wild Michaelmas daisies on the altar with the loaf of bread and grapes; the spotless white linen altar cloth lovingly laundered and ironed by Bea Clough.

Stooks of ripe grain stood beside the altar, ripe cornstalks from the University Farm, passed on to us by St. John's, decorated the walls of the chapel. Bright red tomatoes, carrots, scrubbed new potatoes from my garden and fruits and other vegetables brought by Mrs. Coleman, Mrs. Knight and the Cloughs, with ripe mountain ash berries were heaped along all the window ledges. My husband and I cut branches of autumn leaves to stand in the windows

covering the panes and letting bright daylight shine through them. These were nature's own stained glass windows. We thought our sick native members must miss dreadfully their own northern riverbanks and woods and their freedom to walk there, and this was the best we could do to bring some of it to them. Recently I sat beside a native woman on a bus and in our conversation she asked me, "Do you remember the fall leaves in the chapel windows at Camsell? We often talk about them."

There was always a basket of polished eating apples for Archdeacon to pass out to the children as they left chapel to return to their wards after services.

Mrs. Hilda Harris of St. Peter's, our organist, played the old reed pump organ and the congregation in full voice sang "Come Ye Thankful People" and "Now Thank We All Our God", filling the chapel to the rafters with our joyous hymns of praise. If somewhere our dear chapel survives and serves, I feel that from its walls it silently pours out remembered joys and thanksgiving at Camsell.

Promotion Sunday

Like all organized Sunday Schools, Promotion Certificates were presented to the children in chapel in early June. They were lovely cards and booklets with a picture of Our Lord, the Boy Christ, and the Good Shepherd on the cover. The ceremony gave all of us a feeling of accomplishment for the year's work and anticipation of things to come.

We had a unique ceremony which could happen any time during the year. When a lad decided for himself that it was time for him to sit with the men in chapel, Archdeacon had a brief ceremony for him marking the occasion and presented him with a Bible. The boys specifically chose the kind of binding they wanted on their Bibles: black leather, zippered on three sides. The full zipper was very important. Archdeacon wrote on the preface page of each Bible.

A friend remarked to me that evangelical friends of hers in the north were impressed with the splendidly bound Bibles some of the young men carried to their meetings. I replied it did not surprise me and I thought I probably knew where and how they got them.

When the girls decided they wanted to sit in chapel with the women rather than with the younger Sunday School children, they often chose a prayer-book, perhaps because the smaller book was easier to carry with them when they returned home to their normal life, and also because they could always read the Order for Morning Prayer and Evening Prayer and the Communion service when they were unable to attend church. Because they were quite shy, Archdeacon quietly handed them their book when they were seated with the women in chapel.



Archdeacon Clough entering the Protestant Chapel, ca. 1956.

The money to purchase the Bibles and prayer-books was given to us by Hugh and Madge McColl. **A Miracle for Shirley**

Once in the days of bedside teaching, I discovered from reading her bedside nameplate that I had a new little Anglican. I looked at the tiny crumpled heap in the bed for quite a while and talked to her but received no reply. Never had I seen such a sick child. I inquired at the ward nursing station whether she could have the same treat as the other children and was told, "Mrs. Hester, that little tyke can have anything she wants." I went back to her bedside and talked to her some more and left her Sunday School pictures and a treat. I was heartsick because I realized that she could not handle it. Later I learned that she had tuberculosis of the spine, lung and kidneys.

In due course she responded to the expert treatment and after several years was taken to the orthopedic ward to be prepared for spinal surgery. I discovered other Anglican children in this ward and so I took over the Sunday bedside teaching that Mrs. Davidson and Mrs. Coleman had previously done. I obtained some especially good material for teaching the miracles of Our Lord and we looked forward each week to a "new" miracle.

One Sunday Shirley told me quietly, her soul looking at me through her eyes in perfect faith, that she was going to have spinal surgery that week and that she was going to walk. She had never walked. Her calm and complete confidence in the certainty of release from the handicap with which she was afflicted shook every nerve in me. After I left the ward I leaned on the wall outside the door and thought "What have I done? Teaching miracles so glibly. What if she is disappointed? She will hate us forever." Shaken, I walked slowly to the chapel and told Archdeacon of the child's absolute faith and my fears. He replied simply and directly, "Mrs. Hester,

why not leave it to God and the child? They understand each other perfectly.”

As she had predicted the surgery was successful and Shirley who had never walked before, in due course, walked out of the hospital, her black hair in a shiny ponytail swinging jauntily at her shoulders. She was carrying her guitar and knew all the Hank Snow songs.

She was Camsell's real live true and saucy miracle.

Farewell at Easter

My last Easter at Camsell was a sad one for me. We had lost our dear fatherly Archdeacon with his constant loving care. We had lost our dear altar. The new chapel was windowless. There was no happy activity of preparation for Palm Sunday and Easter. The large auditorium with a real stage was quite awesome, but we were true troupers and quickly explored and accepted a raised stage.

First we built a flower cross. Then we went up the stairs to the stage and decided on our positions and set about to play the Easter story, making up lines and action as we developed it. We had been playing out Bible lessons in Sunday School class. The children did a fine job; a drama teacher would have been delighted. The Roman soldiers, standing guard in the dark garden, got really spooked and fled to the wings of the stage with their swords and shields. Then the garden lay quiet in the pre-dawn. What had it been like at that time on the first Easter morning? We thought about this. Then I was startled to hear a birdcall. Where did it come from? A second or so later there was the call of a different bird, followed by others and an angel announced, “It is morning!” The boys had sounded the different birdcalls of dawn. Every Easter morning while I watch dawn break over my garden I remember, with a tear and gladness, the birdcalls of my Camsell boys.

We closed our Easter program with everyone singing “Come to the Saviour”.

And that was my last Sunday at Camsell.

Pastoral Care in Recent Years

by Linda Neufeld

Employed June 1, 1984 — present.

Father E. Rheume served not only the Roman Catholic population at the Charles Camsell General Hospital for many years, but also was pastor and beloved friend to people of all backgrounds and faith traditions. When he became ill and himself was a patient at the hospital, Father C. Kindervater took over the duties.

Presently Father Kindervater comes twice weekly to visit and bring Holy Communion to the Roman

Catholic patients. On Saturday evening and Sunday morning, Mass is celebrated in the chapel.

The Anglican Church also played a major role in pastoral care at the hospital. After the time of Archdeacon Clough, Rev. Victor Cox served from October 26, 1968 to November 18, 1981. Rev. Cox did not come as an ordained priest but was secularly employed with Alberta Government Telephones. As a volunteer he visited at the hospital during the evenings and on Sundays. He was ordained in 1970.

In addition to visiting patients, Rev. Cox conducted worship, Communion and baptismal services. Communion was also brought to the bedside. He ministered to staff and counselled people dealing with family and marital problems. While working at the Charles Camsell, Rev. Cox grew fond of the native people and eventually went to the Sarcee Reserve where he ministers today.

During the time of Rev. Cox, community clergy from the local area were invited to take turns in conducting the Lenten Services.

From April to September of 1982 Rev. Anthony Steel provided Anglican pastoral care and from November 1982 to March 13, 1983 Deacon Philip Townshend-Carter ministered at the hospital.

In 1982 Father C. Kindervater and Deacon Townshend-Carter instituted an Ecumenical Christmas Day Service, a tradition that was followed in 1983 and 1984.

From April 5, 1983 to June 1, 1984 Rev. Exham became the Anglican clergyman ministering to needs two days each week. He visited the Protestant patients and co-ordinated pastoral care for them. He also became involved with the Westmount Christian Council which serves the immediate community. Following the appointment of the Coordinator of Pastoral Care, Rev. Exham ministered to the Anglican patients on a weekly basis.

During the years 1971 to 1983 Rev. Dr. G. L. Vogan of Westminster United Church ministered at the hospital. He was on call for pastoral care twenty-four hours a day. He helped Rev. Cox with ecumenical services as well as spending one day a week visiting patients on various units.

Dr. Helen Mack, Diaconal Minister in the United Church, wished to have a ministry present in all Edmonton hospitals in which pastoral care was extended to United Church patients from out-of-town. This became a reality at Charles Camsell when Mrs. Adeline Krebs, a trained lay visitor for the United Church, began weekly visits in 1982.

For several years Lutheran patients received pastoral care from Rev. Russell Lemke of Mount Zion Lutheran Church. Mrs. Marjorie Zimmer, a Lutheran

lay visitor, began visiting patients in 1982 and continues to visit weekly.

During the time of Chaplain Cox the annual dinner to which the Roman Catholic bishop, the Anglican bishop and other clergy were invited became a tradition. It was a social event but it was also a time to co-ordinate pastoral care and discuss methods to make people aware of the spiritual needs and welfare of patients in hospital. It was at such a dinner in January 1984, with members of the Board of District No. 106 and the hospital administration, that Mr. Larry Wilson, Executive Director of District 106

made the announcement that the position of Co-ordinator of Pastoral Care at the Charles Camsell Hospital had been created.

On June 1, 1984 Rev. Linda Neufeld came to fill that position. Pastoral care is now available to patients, families and staff on a full-time basis.

During the autumn of 1984 a course to train lay visitors for health care institutions was held at the hospital. In addition to the clergy who minister to patients, several additional lay volunteer visitors from various denominations and traditions now come to visit patients regularly.

The Social Scene

The Social Scene

by Kay Dier

The Camsell Hospital was noted for its pleasant atmosphere as reflected in the friendliness among the staff, regardless of their rank. The reasons for this were probably twofold: the relative isolation of the institution in the early days and the physical proximity of the staff living quarters.

In 1946 the Camsell was situated on the very western edge of Edmonton. To get there required a long jolting ride on a street car which took a short cut through a cemetery before dropping one off at 115th Avenue and 124th Street, four bush-lined blocks from the hospital. This was not the safest walk at night. To the west of the hospital, where the Bel Air apartments are now located, was wide open country that provided the best wild raspberry picking in Alberta. It was here that the Indians used to camp with their wagons each summer en route to the pilgrimage at Lac Ste. Anne.

The hospital compound was like an oasis in the wilderness. The staff quarters surrounded the hospital. Many units were for married personnel which meant that one also got to know the families of staff. The single quarters were very attractive with four people living in a section, each with a private bedroom but sharing a spacious living room, which was very conducive to socialization. Never a week went by without someone celebrating a birthday, TGIF, MGIM (My God it's Monday) or some other equally important occasion.

Single staff who "lived in" ate in the hospital dining room which was only a few steps away from the units. For a very short time the Army custom of table service was continued. The tables seated eight and were covered by a long white cloth (which looked suspiciously like a bed sheet). It was all very nice, the only problem being that napkins were not supplied. Innovative people simply pulled the tablecloth over their laps while others, the more messy eaters, went so far as to tuck it in like a bib. This latter

custom caused a few crashes when they got up from the table without disengaging themselves from the tablecloth. Whether these incidents, or the cost of the service, precipitated the change no one was told, but very soon the elegant dining arrangements were replaced by smaller arborite tables and a cafeteria line-up. At times we were treated to gourmet buffalo steaks when the herd at Wood Buffalo Park near Fort Smith was being thinned. It was a cost-saving measure to send the meat to a government hospital. For several years meals were free and no strict count was kept of the visitors. When a modest charge was established it caused a terrible outcry — some visiting staff seemed to feel that it was a violation of their human rights! However, as with all change, the idea of paying for meals eventually became routine.

The dining room was a great place to get together with staff from other departments to hash out problems over a cup of coffee, and, of course, it was ideal for gossip. The grapevine was fantastic. You could tell a new joke at breakfast and someone would be repeating it back to you by lunchtime.



Coffee Break, 1950. From L. to R.: Mrs. M. O'Connor, Miss A. Bodnar, Miss J. MacDonald, Mrs. E. Taylor, Miss S. Trudel, (person unknown), Mrs. M. LeClair. (Credit: NFB, Public Archives of Canada, PA-139303).



"Children's Party" in Mrs. Doris Wood's unit; shower for Trudy Zarembo and Marie Pomrenk and birthday party for Jean Meltzer, 1948; L. to R., Back Row: Pat Blanchfield, Betty Bartman, Madge Grantham, Mena Orford, Ella Castel, Guest, Marg Gardner, Cecelia O'Sullivan. Second Row: Vi Matas, Thelma Robson, Evelyn Porth, Marie Pomrenk, Trudy Zarembo, Elva Taylor, Scotty Hiddleston, Margaret Cogill, Marguerite Wood. Third Row: Edith Taylor, Pauline Powell, Marie Riopel, Marg Ousley, Maxine LeClair, Jean Barr, Martha O'Brien, Vi Hebert. Front Row: Jean Meltzer, Kay MacKenzie, Flo Dirkes, Mrs. Hazel Phillips, Muriel Deines, Bea Aimer, Doris Wood.

People were inclined to have favorite tables. Wards 7 and 8, the pediatric units, particularly liked to sit together. Then there was the "Holy Table" where Father Rheume and Archdeacon Clough held court, a very popular spot as you could always count on a sympathetic ear as well as a few good belly laughs. The O.R. staff members were also "groupies". One new dietitian decided that their "baggy green" outfits did not meet the dress code, especially because of the hairy chests showing above and below the shrunken T-shirts. It had to be explained to her that these aberrant types were really quite a necessary part of the hospital scene and, regardless of how tacky their attire, they had to be tolerated.

One of the first parties was held at the home of Mrs. Doris Wood in Unit 10 where the guests were required to dress as children. The occasion was a shower for Miss Gertrude Zarembo and Miss Marie Pomrenk, who were getting married and to celebrate the birthday of Jean Meltzer.

It is not surprising, given the favorable climate, that in 1949 a Social Club was formed. It was supported over the years by funds raised mainly from bingos and bake sales. Under its sponsorship numerous activities were started and I'll try to describe a few.

An early initiative was the Bridge Club which met once a week during the winter months in the senior staff dining area. There were beginners and old pros and a few rugged individualists like Dr. Truesdell who always opened with 4 spades or Father Pat Mercredi who would double anything. The Club was flourishing in April 1951 when they had a windup session with fifteen tables. The "Arrow" reported that the champions of the evening were Mrs. Kerans and Dr. Orford while the consolation prizes went to Vicki Hachey and Dr. Jim Osborne. My recollection is that Mrs. Ann Falconer and "Ma" Lang were the real winners and any beginner felt themselves doubly blessed if they drew either of these for a partner.

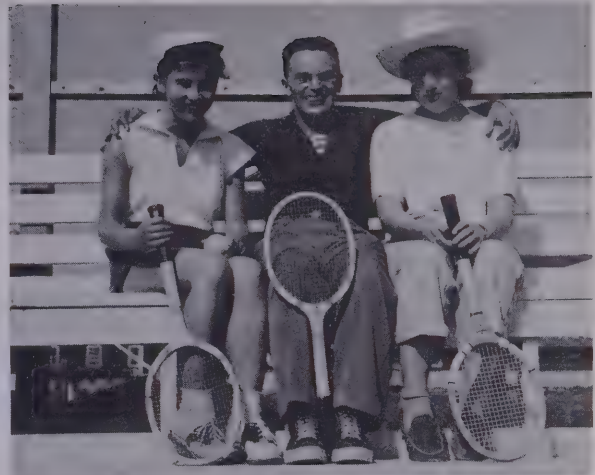
The Social Club activities were diverse. In 1949 a

staff children's party was organized which became an annual event. The club also donated table hockey games to the Rec Hall for the use of staff and those patients who were well enough to be allowed off the wards. Shortly after the Club was formed a program for showing motion pictures was started under the direction of Mr. George Capell. The films were first shown to the patients on the wards and then on Friday night in the recreation hall for the staff and neighborhood children. This meant many hours of work for the busy volunteers who not only had to arrange to get the films but often had to run each reel as soon as it was finished from one ward to another where the beginning of the show was in progress. The program was extended to showing a film on Sunday night but only after the idea had received the blessing of the padres. Smitty (Bert Smith) took on the major responsibility for the films and over time found some faithful helpers in Bob Tomlinson, Harold Conlin, Eddie Bellerose and Harold Davies.



Bert Smith and Harold Conlin in their office, which was also used as Mail Room, ca. 1960.

The Welfare Club was formed in 1953. Its purpose was to send flowers to staff members who were ill. Donna Graham, a staff nurse who contracted polio after caring for a stricken Eskimo child, was the first to receive a bouquet and one was sent every month for the many years Donna was in hospital. In the summer the flowers came from Mr. Ford's beautifully tended gardens and greenhouse; in the winter they were ordered from a florist. The Club also was intended to provide comfort to sick and bereaved colleagues, not just with flowers but by visitations and in any other helpful manner required. It is difficult to say how many staff benefitted from the kindness of the club members. They went about their good deeds quietly and did not expect praise or



Tennis Pros, 1952. From Left: Elsie Triska, Harold Davies, Marjorie Peters.

recognition. However, Mr. Ernie Dosdall, one of the teachers, was so moved by the group's thoughtfulness when his brother died that he wrote a formal letter of thanks to the "Arrow" to publicize the Club's good work and to express his appreciation. The rest of us can only echo his sentiments.

The Tennis Club was another major project. Labor was supplied by the hospital but the lumber, nets, rollers, shale and wire fencing were purchased by the Social Club. Harold Davies was paid the handsome sum of \$25.00 to keep it in condition. The Club was very active and had a great collection of professionals, amateurs and also-rans. It was no small feat to organize a tournament and try to get teams well balanced, keeping in mind the mix of talent and the fact that most members worked shifts. These events were taken seriously. A volunteer "judge" sat solemnly on a high perch and declared shots to be "in" or "out" — not always to the satisfaction of the keen competitors who often pulled a 'John McEnroe' and cast aspersions on the official's eyesight, and maybe even upon his family tree! Truly the most outstanding player was Don Harkness. It was a terrifying experience for a neophyte to find that Don was on the opposing side, but only slightly less terrifying than finding out that he was your partner as it was well known that he did not tolerate net shots gladly.

There were a number of dances put on during the year but the big ones were Hallowe'en and New Year's. The entire staff seemed to get into the spirit(s) and dress up on Hallowe'en. Before the dance everyone went to the wards to visit the patients who enjoyed trying to figure out who these apparitions might really be. Only once did a patient become frightened and we immediately had to unmask and

reassure her that we were not really evil spirits but, in fact, old friends. The costumes were very original, often because many of them had been salvaged from the "reject" box in Stores. These were garments that had been donated to the hospital but were deemed unsuitable to be worn in public. Some of the more memorable performances were given by Winnie Norquay as a lady of the night, Max Clark as a ballet dancer with sparkling leotards and a tutu, Margaret Cogill as a snowman who had a hard time getting through doors and Dr. Ron Sinclair, a dour Scot, as an attractive Carmen Miranda with a hairy midriff and bedecked in a basket hat which was full of artificial flowers and used flash bulbs securely held in place with adhesive tape. It was no easy task to judge winners with such talent abounding.



Hallowe'en Dance in Recreation Hall, 1947.

New Year's Eve was a fun time with friends and had the advantage of being an economical evening, close to home in the cold weather and no worries about drinking and driving. (Most of those celebrating were able to make it back to their own units!) The music for dances was usually supplied by Bernie Beer and his group.

The Curling Club was another very successful venture. It was first started in October, 1957 and according to Max Conaty this is how it came into being:

"Along about the time the first tinge of frost was felt in the air and the trees had taken on the appearance of late fall, Mr. Hollingshead suggested that thought should be given to forming a curling club. This suggestion met with most enthusiastic approval.

A meeting was called and a club was formed

composed of thirty-seven members. The officers elected were: Max Conaty, President and Joe Pasnak, Secretary-Treasurer. The directors and team captains chosen were: Kay Dier, Harriet Johnston, Ron Bergmann, Walter Price, Jack Latham and Jock Murdock.

Thus, having the curlers, the interest and the finances, our next step was to secure curling ice. The final choice was two sheets at the Menorah (now Avonair) Curling Rink at 6:30 p.m. on Sundays and at the Balmoral Curling Rink at 9:00 Sunday morning.

The schedule called for curling to commence on October 27th. Thus, twenty and four undaunted individuals, armed with brooms and ambition, started the season off with a bang." (From "The Camsell Arrow", Christmas 1957.)

As many of the group were novices there were a lot of funny occurrences which Max has ably depicted in his 1957 Christmas Arrow cartoons. There were representatives from nearly every department in the hospital in the league and their status depended not upon their official position in the organization but rather upon their ability to put a rock in the house. As the season went by the teams developed a strong competitive spirit and it was then that the unique idiosyncrasies of each person became apparent. This moved two poets in residence, Harriet Johnston and Kay Dier, to immortalize some of these characters in the following poem:

Curler's Lament

A bunch of the curlers were whooping it up in the
Balmoral coffee room,
The guys that lost the Sunday before were singing
a mournful tune,
Back on the sofa, surrounded by girls, sat
champion Norman B . . .
And jealously watching was Russell Burrows, with
K. Keith on his knee.

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The Camsell Curlers, 1961.

When out of the rink which was fifty below and
 into the din and the glare,
 There stumbled a curler fresh from the ice — snow
 covered and loaded for bear.
 He looked like a man with one foot in the hack and
 scarcely the strength of a louse,
 Harkness had called for a simple guard and he got
 a rock through the house.

Everyone knew the curler's face and no one needed
 to see —

But we knew darn well the guy who got hell was
 "Brown-nose goose" Bob T.

There are curlers who always hit the broom and
 those who always don't,

And then there are those like Holly and Cog —
 who say they will and they don't.

With the broom held high and the knee bent so,
 and the rock all ready to throw,

Wayne Burrows went flat on his back in the hack
 and Pop told him where to go.

Then we got to thinking how D'Arcy swept with
 his back-side on the ice —

If only he had a short handled broom then he'd be
 sweeping twice!

Wes' eyes went rubbering around the rink, he
 seemed in a sort of daze;

Till at last that blue-eyed Shirley fell in the way of
 his wandering gaze.

The poor little girl was trying to sweep as well as
 she knew how,

When "Horrible Harriet" waved her broom and
 wiped the sweat from her brow.

In a sweater new, all buttoned and blue, Mel
 Reading came up to play —

He gripped the rock with a terrible shock, "No
 support" — Cramer screamed all the way.

Were you ever up at the hack alone when the
 tension was severe?

And all the players hemmed you in with a silence
 you most could hear.

With only the howl of Bergmann's voice as you
 fear to pull a "Haynes".

A half-dead rock which was really a shock after all
 your labor pains,

While in the house, the Skip that louse, expects a
 button shot —

But you darn well know that Rees will blow when
 Laribay's getting hot.

With strife that's not of the Federal kind, that is
 banished with a raise in pay,

But the hopeful dreams of rocks in the house
 which is part of Pasnak's play.

With a great deal of grace and a pipe in his face,
 Joe says, "I'll hold your cheque,"

He depends on his Son — that Son-of-a-gun, who
 is never up on deck.

Mrs. Kay, the woman dear, made all her shots
 come through —

But against someone like Jack Latham — what
 could a poor girl do?

Then on a sudden the luck did change — a barn
 you could not hit,
 Wayne Hanson said "Whose up — oh God — it's
 Dier the little . . . second.
 Goodall has stolen the end that you need, Mrs.
 Brost is sunk in gloom —
 While Aggie McLaughlin — that girl with guts, is
 resting on her broom.
 'Twas the crowning cry of Jean Ropcean, "It's a
 shot that is absurd,"
 "I guess I'll make it a seven-end," cried
 dangerous Reginald Heard.
 You may say the Authors are crazed with hooch,
 but they'd come to the end of the Rye,
 If they'd had a bit more — (they have talent
 galore) they'd have reached you by and by,
 But be of good cheer — join the club next year and
 curl for better or worse —
 If you don't get a prize, it'll be no surprise, if your
 name appears in bad verse.



Just a beginner.

Another sporting effort was the formation in 1958 of a Girls' Softball Team which was organized by Bob Tomlinson and coached by Don Harkness. I remember Don coming into the nursing office and suggesting that the first question we should ask prospective nursing and aide staff was "can you play short-stop?" He needed a replacement badly. I don't want to infer that preference was given to athletic applicants; it was a mere coincidence that the Cam-sell team became one of the best in the city.

Don Harkness played fastball, pitching for a number of senior teams in the city, the last being District Senior Mens'. The team won the Western Canadian Senior Mens' Fastball Championship but lost to Toronto in the finals for the title.

Another very popular winter entertainment was provided by the O'Nimitowak [Cree word for dancing], or Camsell Square Dance Club. A caller, Lindsay, with a Scottish brogue, was hired to bring his records and every week the stomping and shouting rattled the rafters of the old recreation hall. Outside guests were welcomed, especially if they were men and good dancers. Among the most avid fans were Dr. Gordon Gray and his wife Marite, Mr. and Mrs. Horne, Don Foote and his wife, and Rena and Bernie Beer. As the group became more professional they often made up one or two squares and visited other clubs or maybe just went over to George and Nita Berg's for some extra practice. Sometimes the patients were allowed to come and wistfully watch for awhile. If they hadn't been on bed rest they could probably have shown us a step or two.



Other Activities

There were, of course, numerous other activities that went on at the Camsell that did not come under the aegis of the Social Club. These are too diverse to mention but one event does come to mind.

A group of nurses undertook to represent the Camsell Hospital at the Catholic Nurses' Association Christmas pageant one year. They felt that an Arctic version of "The Night Before Christmas" would be appropriate and to make it authentic they decided to borrow some Eskimo furs from the cold storage. This troupe's rather raucous presentation stood out in contrast to the tradiional angel laden pageants that preceded it. Being at the end of the program the furs had time to thaw out and the aroma of sealskins and sardines (used for props) made a strong impression on the audience. Almost overcome themselves the actors left hurriedly, not even waiting for the applause (which some hinted never came!). But the historic moment has not been lost. The sight and smells can be revived by looking at the faded picture, and reading these few lines of plagiarized verse:



Camsell "Night Before Xmas" performers, 1958. Back Row, L. to R.: Margaret Cogill, Stella Eshpeter, Letta Eshpeter. Front Row: Kay Dier, Denise Lamoureux, Elfrieda Schinkinger.

The Camsell Version of The Night Before Christmas

'Twas the night before Christmas and all through
the igloo,
not a critter was stirring, not even wee Koodloo.
The mukluks were hung by the seal lamp with care
in the hopes that St. Nikalak soon would be there.
The children were nestled all snug in their furs,
while visions of Muktak float by like hors
d'oeuvres.

While Pa in his parka and Ma in her skin
had just settled down for sardines from a tin.
When out on the tundra there arose such a clatter
Pa dropped his sardines to see what was the matter.
Out through the ice porch he crawled on his knees
threw open the flap — and oh! What a Breeze!
The moon on the crest of the new fallen snow
gave a lustre of midday to the dog teams below.
And there past his protruding eyeballs there flew
a tiny komatik and eight cariboo.
The little old driver had a big brown pack
he knew in a moment to be St. Nikalak.
More rapid than foxes his coursers they came
and he whistled and shouted and called them by
name:

On Pransak, on Dansak, on Cupak and Vitsan,
on Komak, on Kuppak, on Donak and Blitkan
To the top of the porch, to the top of the wall,
Now dash away, dash away, dash away all.
As snow flakes before the wild blizzard fly
when they meet with an iceberg mount to the sky
so up to the dome of the igloo they flew
with a komatik of fish and St. Nikalak too.
Then he heard the crunching of snow on the roof
from the prancing and pawing of each little hoof,
As he drew in his head and was turning around
in came St. Nikalak with a leap and a bound.
He was all dressed in red from his head to his toes
the color was nice and it just matched his nose.
A bundle of fish he had slung in his pack
the smell of which flung us flat on our back.
His eyeballs were bloodshot and he was so merry
we knew he'd been into the Hudson's Bay Sherry.
His droll little mouth was drawn up in a bow
But the spirits inside made Santa glow.
The stump of a pipe he held tight in his mouth.
He was smoking the Bull Durham he'd picked up
down South.

He had a broad face and a belly like rubber
that shook when he laughed like a bowl full of
blubber.

He was chubby and plump, a right jolly old elf.
They laughed when they saw him in spite of
themselves.

A wink of his eye and a good lusty burp
let me know he was really a jolly good twerp.
He spoke not a word but turned straight to his work
and filled all the mukluks and then turned with a
jerk
and laying his mitt on top of his nose
he started to rub it . . . I think it was froze.
Then he went to his pack and brought out the
sherry
and we all proceeded to make Christmas, Merry!

Events I Remember . . .

by Kay Dier

Grey Cup time was always exciting but I remember the game played in Vancouver in 1955 when Eskimo fever was running particularly high. Every staff member who could get time off had headed west. Those who were left at home were feeling a bit down until someone got the idea of sending a Cam-sell telegram to the team. Frantically the wards were canvassed for signatures of staff and patients in the hope that the telegram could be delivered to the team, in their dressing room, just before game time.

We ended with over 1,000 signatures and ample money to send it, some even pledged their pool ticket winnings should they be lucky. This activity really buoyed up those left behind, both staff and patients. I have often wondered if the team realized that with the receipt of the telegram they were being backed by a number of **real** Eskimos. I guess they must have, because they won!

Not by Work Alone

by Kay Dier

The Cam-sell Hospital boasted a number of truly talented staff members. To name a few:

Mrs. Elsie Edmonton — A nursing aide, decorated the pediatric wards with very attractive murals.

Miss Edna McManus — Occupational Therapy De-

partment, painted large scenic murals for the junior staff dining room.

Mr. Pierre Rivet — Maintenance Department, on a dare from Mr. Roberts, painted a large scenic mural which hung in the recreation hall. It now hangs in the cafeteria of the new hospital.

Miss Kay Potter — Field Staff, Goodfish Lake Nursing Station and later transferred to Charles Cam-sell. In 1958 Miss Potter was commissioned to paint a portrait of the Honourable Peter Dawson, Speaker of the Alberta Legislature, 1937-1963. She did the painting of the mother and her baby which now hangs on the wall in front of the elevator, second floor, Charles Cam-sell General Hospital.

Mrs. Liliane Wilson — Occupational Therapy Department, did Eskimo portraits which were reproduced on stationery for sale in the department.

Mrs. Rena Beer — Staff Health Nurse, has done water colors which hang in the quiet rooms in the Emergency Department, the Intensive Care Unit at the hospital and in the entrance to the office of the administrator.

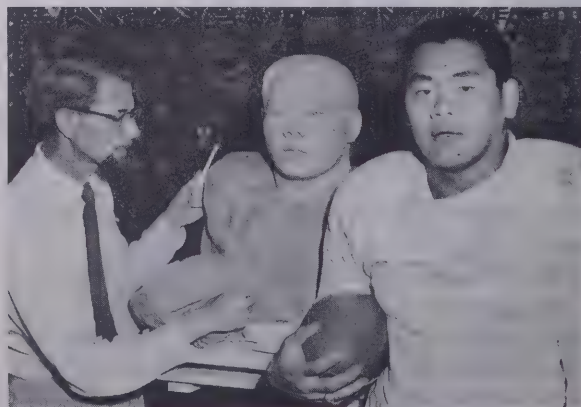
Mr. Harold Pfeiffer — Occupational Therapy Department, a portrait sculptor, did a number of busts of Indians and Eskimos. He was commissioned to do a bust of Normie Kwong, fullback with the Edmonton Eskimo Football Team in the 1950's.

Mr. Max Clark — Medical Records Supervisor, was a noted musician and singer. He starred in several light opera productions including Oklahoma, Annie Get Your Gun, The King and I and South Pacific.

Mrs. Mena Orford — Assistant to the Personnel Director, won the Alberta IODE book competition in 1956 with "Journey North". It is the story of the Orford's experiences during four years on Baffin



Painting by Kay Potter.



Harold Pfeiffer sculpting a bust of Normie Kwong, fullback of the Edmonton Eskimo Football Club and Athlete of the Year, 1955.

Island. An essay, "So Glad To Get To Camsell", was selected for inclusion in the Alberta Golden Jubilee Anthology 1905-1955.

Mr. Walter Schneider — Maintenance Department, Charles Camsell General Hospital, did a large painting of Peyto Lake, Banff National Park. It is

displayed in the cafeteria. Walter had trained at the Academy for Fine Arts, Munich, Germany.

We also like to bask in the glory of Len Gibbs, the famous Canadian painter, whose mother, Mrs. Roberta Gibbs, for years typed medical and X-ray reports at the hospital.



The Caring Community

Deserving of Special Mention

It is impossible to express the gratitude felt toward groups and individuals who have done so much for the patients and the hospital over the years. To those not named in this story, our appreciation is nevertheless extended.

A few deserve special mention as they were the forerunners of the Volunteer Services and the Hospital Auxiliary. The IODE, both the local chapters and the provincial organization, generously provided many gifts, funds and donations including two television sets.

The Kinetite Club adopted Ward 7, the children's ward. Before a sewing room and seamstresses were part of the hospital organization, before clothing for infants and toddlers were part of the regular linen supply order, members of the Club bought bolts of blue and yellow flannelette and organized a cutting and sewing bee to make nighties for our wee ones. They made the first crib sheets. From their homes they brought high chairs, kindergarten chairs and tables, two or three baby carriages — whatever our children needed, they donated. Beautiful drapes for the windows in 7C were their gift to make the room more attractive for our little girls.

Annual Christmas and Easter parties, complete with Santa and Easter Bunnies, were provided by the Kinetites for at least twenty-five years. A continuing fund for special treats for the children and the sponsoring of the Cub Pack were included in their activities.

Members of the Gyrette Club were the first to do shopping, on an organized basis, for the women in hospital. Mrs. Naomi Carriere of St. Andrew's CWL and her associates had Wards 9 and 10 as their special project.

Visitors to the veterans were many. Mrs. Elizabeth Ann Patterson was convener for the members of the Ladies' Auxiliary, Royal Canadian Legion, Montgomery Branch 24. Members of other branches visited also. Mrs. Riley was the leader for the Army,

Navy and Air Force Mothers. Mrs. A. Heavener and Mrs. A. Tayler were faithful visitors.

Again, a very sincere thank you to all.

Hospital Auxiliary

by Mrs. Kathleen Campbell

Volunteer 1962-1966, Member of Auxiliary 1966-1973.

The Charles Camsell Indian Hospital Auxiliary was formed in 1966. It grew out of the Volunteer Service which had started soon after the opening of the hospital.

In the early days individuals and members of service clubs, women's organizations and youth groups formed the basis of volunteer activities. As the years passed more people from the surrounding community visited patients regularly. Many were members of church groups and the Inglewood Community League. From this nucleus the Charles Camsell Hospital Auxiliary came into being.

Among the earlier visitors were: Peggy Robbins, Hilda Hardie and Margo Hervieux of the Inglewood Community League, Helen Kucy of St. Andrew's



Lunchtime on Ward 7, 1949. Kindergarten and high chairs, drapes and nighties donated by the Kinetites. (Credit: Public Archives of Canada, PA-139310).

Catholic Women's League (CWL) and Beatrice Clough, wife of Archdeacon Clough. There were representatives of the Anglican Church Women (ACW) of St. Peter's Anglican Church and the United Church Women (UCW) of Westminster United Church. All were near the hospital.

Language was often a problem but with patience and good humor, the use of interpreters and the introduction of family pictures, prayer books, interest in handicrafts and the sharing of family concerns, the barriers of shyness and mistrust were largely overcome. Lasting friendships were established. In time, many long term patients were welcome visitors in the homes of volunteers, notably Hilda Hardie and Peggy Robbins.

Volunteer services were gradually expanded as the needs and interests of the patients changed. The shopping service for adults was begun in 1961 by Monah Carley who later was joined by Kath Campbell. Each Tuesday morning the patients were visited, shopping orders taken and the money collected and carefully placed in separate envelopes. The afternoon was spent at the shopping centres making the purchases which were distributed in the late afternoon.

The orders covered a wide range. Once a diamond tiara was requested. The would-be owner had seen one in a magazine. A suitable replica was found for purchase. Most of the requests, though, were for clothing, knitting wool, toys, candy, biscuits and often balloons to send home. The most interesting orders were for the stroud, duffle and calico used for making parkas and mukluks, and for the beads and embroidery thread for the beautiful work done by both Indian and Eskimo women.

Many amusing mistakes were made by the shoppers because of language. They learned that bloomers were not old-fashioned undergarments but balloons; 'glasses cups' were china tea cups; and Eskimo men never wear parka covers of flowered cotton but dark, plain colors only. The shoppers were often laughed at, laughed with, scolded fiercely or praised warmly. Gradually, trust and understanding grew — a learning experience on both sides.

Work with the children brought volunteers into the Play Therapy program. Because each child was dressed daily for play and for school, clothing was required. This call was answered with boxes of good used clothing and shoes donated by St. Timothy's and St. Paul's Anglican churches.

Mrs. Hazel Truefitt, R.N., Recreation Supervisor, was responsible for directing the volunteers. However, as the new hospital neared completion, and as the volunteer services grew, it was recognized that

a co-ordinating body was needed to keep the services running smoothly and also to add new ones.

In September 1966 a meeting was held to form a hospital auxiliary. The purpose of the organization was to work with the patients in activities and services geared to their interests and well-being and to promote good public relations for the hospital. Fund raising was not a concern, nor was keeping a record of the hours spent by individual volunteers. Each gave freely of her own time and interest.

The first executive members were: President, Kath Campbell; Vice President, Helen Kucy; and Secretary, Margo Hervieux. Supervisors of the various activities were: Shopping, Monah Carley; Play Therapy and Activities for Children, Eileen Wilkinson assisted by Hilda Hardie and Peggy Robbins; and Adult Visiting, Helen Kucy. The faithful shoppers were: Mary Calder, Kay McDonald, Florence Galbraith, Adele Law, Helen Vernon and Jean Welsh. The first official activity of the group of twenty members was serving tea at the opening of the new hospital on October 10, 1967.

Services were expanded and new ones added. One of the most important undertakings, which required much planning and time, was taking children and adults out to familiarize them with city life. As well as being educational this helped to break their dependence on hospital routine before they returned home. Children visited the Game Farm, museum, Legislative Buildings, planetarium, a fire station, library, swimming pool, skating rink, a farm near the city, and many other interesting places. Every week, weather permitting, Hilda Hardie took children home to play in her garden which provided outdoor exercise.

The adults were taken shopping and to places of interest in the city. Twice volunteers drove several patients to attend the annual dinner of the Native Friendship Society.

A Cub and a Brownie Pack were formed. On Saturday mornings a program of sports and games was provided for the older children by The Christophers, a young people's service club. The senior CGIT group from Pilgrim United Church came weekly to play with the children on Station 31. These groups and young people from the Community League assisted with making tray favors for special occasions and with wrapping gifts at Christmas.

A special service provided by the Auxiliary at Christmas was writing a letter for each child unable to do so to be sent home with their picture, many of which were taken by Joan McLeod. This meant a great deal to the members not to mention the parents of the children.

Over the years the Volunteer Services, later the



New clothes for the Exhibition Parade, 1958. From Left: Jean Nakadalak, Sam Arnaliak, Irene Makokis, Annie Kingpatak.

Auxiliary, received many generous gifts from service clubs, business firms, church groups and individuals which greatly enhanced the services that could be offered. Large donations of new remnants of material and samples for suits were received from White Stag Ltd., Parker Slacks, Bernice Roberts Draperies, Murrays Draperies, Woodward's Stores, Shirley Frocks and from tailoring companies. The staff in the Occupational Therapy Department encouraged patients to use these materials in the quilts and clothing they made to take, or send home. Great interest was shown in these projects and many very attractive and useful items were created.

The generosity and interest, of so many groups and individuals, were almost overwhelming. The women of the Anglican Church of the Edmonton Diocese donated gifts each Christmas for the adults. Following their annual meeting each year boxes of mitts, caps, scarves, baby clothing and children's clothing were sent to the hospital. St. Andrew's CWL donated money for a cribbage table for the men and annually provided money for their Christmas gifts.

For two years Mrs. Hervieux had been acting as over-all co-ordinator of the Volunteer Services as Mrs. Truefitt had retired. In 1969 this function was taken over by Norah Andrew (later Mrs. Capell) who had recently transferred to the hospital from the east. Margo continued as secretary of the Auxiliary and also typed all the material for The Camsell Arrow.

A library service was suggested by Mr. Harold Copeland of the Patients' Education Department, and was started under the direction of Barbara Dixon. Beatrice Clough, Violet Parry and Ann McIntyre



Children in the hospital school library.

worked in this service which proved so popular that a major expansion was undertaken. Mrs. Nixon wrote personal letters to clubs, church groups and individuals and raised \$1,017.00 to purchase new books. Books were chosen with great care with the interests and abilities of the patients kept in mind.

In addition to working with the patients, members of the Auxiliary sold daffodils for the Cancer Society and assisted with Blood Donor Clinics.

During the 1969-1970 term Hilda Hardie served as president with Peggy Robbins as vice-president and Rosalind Callender as secretary-treasurer. Some programs were now being curtailed but the library, patient visiting, play therapy and outings for children and adults were continued. Teenage volunteers were being trained under a new program, organized under the auspices of the Red Cross, known as "Volunteens in Health Services".

By 1970 many changes had begun to take place. There was a change in the hospital administration and in the type of patients being admitted. The priority was still the native people but members of the community were coming to Camsell as patients. The new administrator had a different concept of the work of a hospital auxiliary and asked the members to become a fund raising organization. The work the volunteers were doing with the patients was now considered largely unnecessary as patients were being sent home after much shorter periods of hospitalization. This was not the philosophy of the group which first formed the Volunteer Service and the Auxiliary and so, reluctantly, it was decided that, although some limited volunteer services would continue, the Auxiliary would cease to exist.

The years of service to the native patients proved to be a very positive learning experience for both the patients and the volunteers. Many age old prejudices were broken down. The patients came to accept the volunteers with trust. The volunteers came to admire



Susan Phillips, 1952. While guiding Yousuf Karsh on his tour of the hospital in 1952, Dr. Matas said of Mrs. Phillips, "She is the image of my mother . . . she has her same sweet temperament. I am devoted to her." Susan Phillips had been in the hospital since 1948. When Karsh started to take her picture, she looked up at him and said, with humility, "Face no good". Like most of his subjects, he had to catch her unaware. (Maclean's Magazine, December 15, 1952). (Credit: (c) Karsh, Ottawa).

and enjoy the patients, particularly the older women with their calm acceptance of their lonely hospital lives, their great skill in sewing, beadwork and embroidery and their continued interest in, and concern for, those from whom they had been separated for so long. To work in this service was a privilege and an experience none of the volunteers would have wanted to forgo.

Volunteers

by Wilma (Mahoney) Stevenson

The Ex-Wrens Association acted as volunteer librarians at the Charles Camsell Hospital until the early 1950's. The funds from "ways and means projects" were used to purchase library books, however, the majority of the books were donated by the I.O.D.E.

Saturday afternoons were special to us when we pushed the book carts to the various wards. It may be hard to believe but some of us were not yet twenty-one years old, and were extremely shy and blushed very easily. A number of the patients took delight in teasing us, causing us to become flustered. Of course, we loved every minute of it. For many of us it was our first taste of volunteer work and was the stepping stone that led us down the path of future volunteer activities.

Charles Camsell General Hospital Volunteer Association

by Lena A. Harrison

On April 25, 1985 the Charles Camsell General Hospital recognized the service and dedication of our hospital volunteers at the 8th Annual Appreciation and Awards Dinner. One of the outstanding volunteers, Nellie Skrypnek, gave 7,000 hours of her time during the past six years helping to make the patients' stay in hospital more comfortable. Another outstanding volunteer, Frieda Chies, has donated 4,000 hours of her time since 1980 helping in the Gift Shop and other craft projects. Honored for 3,000 hours of service were: Elli Dreyer, Hazel Hazelwood, Donald McBride, Margaret McBride, Margaret Stearman and Win Want. Other volunteers received recognition from 200 to 3,000 hours. During 1984, 171 volunteers provided the hospital with a total of 30,630 hours of service.

Our volunteers are a special group of people, each making a special effort to contribute in his or her own way. They have released staff for other duties by providing extra services to patients; they have earned funds for special equipment that might not otherwise be available for the benefit of patients; they have helped and continue to help in preserving and fostering a humane approach to patient care. Caring continues to be the most important service that volunteers perform. Through volunteering they demonstrate their concern for their fellow man in a positive way by giving of their time and themselves.

The founding meeting of the Charles Camsell General Hospital Volunteer Association was held on November 25, 1982. A great deal of work had been done prior to this date by an interim board which included the following volunteers: Mr. Donald McBride, Mrs. Margaret McBride, Mrs. Margaret Stearman, Mrs. Gwen Price-Jones, Mrs. Dorothy Chartrand, Mrs. Clara Goebel, Miss Anne Martindale and Miss Erina Clegg. To these people I owe a great deal for their great support and input in establishing Bylaws and Constitution for the organization. Their efforts were rewarded in July 1982 when the Association was incorporated under the Societies Act with the stated purpose of: Fostering and developing charitable activities associated with the work and objectives of the Charles Camsell General Hospital.

With constant vigilance, sharing of ideas and willingness to adapt to change and the support of hospital staff, our volunteers will effectively continue to serve the Charles Camsell General Hospital.

Disease as a Medium of Change

Disease as a Medium of Culture Change by Emmi Nemetz

Employed from 1958 to 1967 as general duty and head nurse in Whitehorse, Yukon; at the Charles Camsell from 1967 to the present as general duty nurse, clinical instructor, supervisor, Assistant Director of Inservice Education and, presently, Director of Inservice Education.

The historical role of the Charles Camsell Hospital is an unusual one. It is a blend of healthcare and social change resulting from disease. Because of the severity of tuberculosis and the extraordinary length of hospitalization needed to get well, the social change was a unique situation that could not entirely be controlled. This experience gave rise to a heightened consciousness in most patients and caregivers. In the latter, it created an awareness of having encountered a very rare and unusual caring situation.

The Setting

The simple, hutlike structures of the hospital complex, sitting in pleasant grounds, were some comfort to patients accustomed to a more casual, and often nomadic lifestyle. For healthcare personnel, it was an adjustment that required constant learning. This learning required that staff use many more social skills than what then were normally thought of as being necessary in patient care.

The Critical Situation

The centuries of isolation from other races did not give natives immunity against certain infectious diseases. Thus, the tuberculosis germ which might have produced relatively fewer, or no symptoms in other racial groups, was most severe and often fatal in natives. The disease could be found in all body systems as all were susceptible to the disease. Tuberculosis became a dominant factor in native culture and in the life of individuals and groups. It became a merciless ruler and time was pregnant with death. The disease demanded a fast crisis intervention else there would be no life, or life may have had grave limitations. No drug was available at the very begin-

ning and when there was, the range was much smaller and less efficient than today. Hence, the prolonged period of hospital stay that led to frustration of staff and patients alike.

The misery of the patients was obvious. They did not come as the odd sick person of a group, but arrived as whole families and as the greater number of a village or campsite. Because tuberculosis was often far advanced by the time they reached the hospital, the death rate was high. The grapevine of the natives was effective; it told them that hospitals were places to die. The reality was that healthcare persons were desperately trying to beat the odds with the available known medical means. Frustrations arose because of the inability to intervene more effectively.

The hospital had large numbers of patients from prairie, sub-arctic and arctic tribal groups. In fact, the hospital became a new social meeting place of the native nations. Care was further complicated by the tribal diversity of the various groups, by their age differences, sex roles and exposure to traditional or modern education. Almost all patients came from rural areas. The majority of the staff did not fully comprehend the hidden social significance of the crisis and its future consequences.

Language

The spoken word as one key of communication in early hospitalization may have been less effective than first realized. Native patient interpreters were often unfamiliar with western language idioms and its abstract use and vocabulary. Nor did these interpreters understand human anatomy and how it was interpreted by hospital staff. Most medical words were not part of their language. Regrettably, only very few healthcare persons could speak a native tongue, hence personnel had no idea of the meaning and importance of native language symbolism.

The answers of native interpreters — and most likely the questions posed to the interpreters — were often perplexing and, for many years, an insecure

part of care. Did the interpreter say what was said by the speaker? Was the speaker using words that were simple enough to convey the message? Was consent given only because patients believed that healthcare personnel expected this kind of reaction? Nurses and doctors learned that silence did not mean consent and Inuit's negatively posed questions actually were a request for a positive reply. ("Doctor, you are not allowing me to go shopping for an hour? You don't?" "Oh yes, you may go").

The staff's need to know in order to work safely was, at first, seen by patients as prying. Inquiries into certain body functions were rude and had implications other than that of medical inquiry. It contradicted the roles of their society for a young female to ask elderly men about bladder and bowel functions. And, unless the caregivers became sensitive and aware of the subtle differences of language, activity, and thinking, the potential for misunderstanding was real. These differences often led to hilariously funny situations, as well as unintentional hurts on both sides in which patients perceived healthcare personnel as domineering persons. Staff, in turn, thought of themselves as trying to help the natives become well — often against adversity and with a great deal of stress. Because of the caring aspect shown in the staff's body language and in spite of the very restricted oral communication, the message of caring got across to patients.

The Body Language of Caring

The natives responded well to non-verbal communication which was best demonstrated by patient comfort measures and touch. The placement of a foodtray, kleenex box, or glass of water within reach of a patient gave a different message than when the items were placed two arm lengths away. Proper and gentle placement of aching limbs, sedation and relief from pain and eventual improvement communicated a message that could not be given through words. Nurses, in particular, were seen as persons who were totally available at all times. The additional non-nursing "hotel" services emphasized and conveyed the attitudes of good will and care, but became the expected form of care in the eyes of the natives.

Segregation from society, rest, diet, limited exercise, surgery and medication was the international treatment for tuberculosis. These methods had proven themselves in the control of the disease and were accepted as the best treatment. These forms of physical restraint did not impress the native population who did not see it as a preservation of life, but as an undue confinement which often lasted for years. Rules were enforced rather strictly. One must remember, however, that tuberculosis treatment was a

mandatory treatment legislated by government for all peoples. A letter of a reaction to this strict and rigid routine reads:

"You old bossy

Why don't you mind your own business. You've been coming to scold us every night. How do you expect us to behave when you make us mad all time. We don't listen to the staffs who bothers us too much. If you'll only leave us alone we will behave and the only reason you come to tell us to behave is not for ourselves but for yourself. You just want to be know as the Big Boss! Your majesty. We don't mind telling you this too. That we are not a bit scared of you. We may get in trouble for this, but we don't care. It ain't the first time anyway. If you bother us again after this you are going to get it. If you think you know Indians. You are very wrong. And the time Mrs. — come. We didn't have a change (chance) to talk to her. You had to come and tell her that the Gr. 7 girls were on Ward 1 — we are also in Gr. 7. We aren't so dumb you think.

We no like-um be bosses by no good hag. Us squaws mean-um business. You no big chief you act-um so brave. We no scare. So long meanie
The girls in Ward . . ."

For the young, the inactivity of absolute rest was a great trial and the need for playful diversion was an emotional need as illustrated by this letter:

"Dear nurse

Here I am dropping you a note to let you know that we are all feeling fine I hope you are the same. could you please do us a favor please lend us hospital guitar. We promise we'll take care of it we'll do what you tell us to do also we'll Be Good boys to we'll keep the floor clean and we'll take our rest in ever restperile (in every rest period). is that okay with you please answer this letter and let us know what you going to do about the guitar. We as you (asked you) to lend us please try to get one for us. in this Ward. if you have time sometimes please come to our Ward. and let us know. about the guitar. I must end my letter for now good By and good Luck to you and May the good Lord Bless and Keep you.

From the Boys in Ward . . .

The Disease as a Medium of Social Change

Both patients and caregivers were facing greatly unfamiliar situations. The natives became more dependent and controlled. They had one more experience that Indian Medicine did not work, just as it failed during the time of the smallpox epidemic. Families were broken up and as a result new social situations developed out of the necessity to survive.

Hospitalized children were probably experiencing the greatest change. These children, dearly loved by staff, became socialized into the hospital, but not into the white society. Children forgot their language, and even the visits from adult patients of their own language group failed to provide a sufficeint role model. Consequently English became dominant — a fact which caused friction when patients returned to their homes. The tidy physical environment, clean clothes, regular bath and mealtimes became an expectation. In fact, food habits during hospitalization changed dramatically. However, raw fish was given to Inuit patients as a meal and as a treat. It did wonders for homesick children. Eventually the interaction with adults changed and chil-

dren began to see caregivers as the significant people in their lives.

The Social Meeting Place

The remarkable, and often unnoticeable, fact was that the hospital, as a by-product of treatment, became an assembly place for native nations. The distance between groups was reduced, traditional tensions were lessened, and native peoples had a great misery in common: tuberculosis. The political leadership of a few of these patients was remarkable and fascinating to observe. Their behavior and status commanded respect and their statesman-like vision foresaw change — a change to fit the modern age and yet be proud of being a native. These were the realists who knew that self-respect and dignity mostly come from within a person. Hence, a large number of illiterate patients saw a key to the reduction of their own powerlessness in the ability to read and write. Children and adults who were well enough to get up attended group classes. A team of teachers employed by the federal government taught these groups and made the rounds for bed patients. Because of pain and mobility problems of patients, the teaching had to be extremely individualized.

The status of mature patients changed when they no longer had to put an “X” as a signature, but signed their names to a document. The hospitalization indirectly was turned around to acquire new knowledge and a new power-base from which to proceed independently in the future.

Patient teaching was much more complex than first thought. Initially it was not known to most hospital staff that health is seen as an harmonious interplay of the earth, the elements and men. It is a disharmony that produces a pathology and the native child learns to think about it as a part of the whole philosophy of life. The cause of the disease was not bacteria but evil spirits which made a person ill. Illness, therefore, is approached from a holistic stance with myth, magic and faith as necessary components of treatment. The missing link was that the natives did not know that our frantic attempt to keep the nursing units clean, the floor free of rubbish, and to enforce handwashing, and collection of sputum in special containers, stemmed from years and years of proven knowledge of germ theory and spread of disease. However, we had limited awareness that our teaching collided with their beliefs of native medicine.

Time meant seasons, days or nights. The elderly measured the passing of 24 hours by sleeps — “It will take seven sleeps until I can go home”.

Tuberculosis required long periods of time until it resolved itself in patients. Time, pain and illness are interwoven. In some forms of tuberculosis, pain is

not a factor, hence the native concept clashed with our interpretation of why medicine had to be given. When pain is not felt, why the medication? Is not the reason for medicine to be free of pain? This point led to non-compliance and anti-TB drugs often were not taken after discharge from the hospital. The consequences were re-activation of the disease and repeated hospitalization. However, it can be believed that such painful experiences attested to the truth of what needed to be done; they then were in support of healthcare personnel’s past teachings, but for natives, one more painful learning experience.

Pain is a universal condition. Prior to contact with western culture natives were unfamiliar with narcotic use for pain and their upbringing accepted pain and suffering with remarkable endurance. But they do have the same pain as other people. Medical personnel at first erroneously equated this learned endurance with having a high pain threshold and for a time it was thought that native patients required less sedation than other folk.

It was the excellence of the caring acts that became the “Medicine Power”. Thus, the positive results of surgery, medication, and what they would do held the power and were much more successful and akin to native teaching than the personal authority of the caregiver.

Dying and grief were daily occurrences and the rituals were many, from prayerful wakes back home, to food sharing or Indians sitting at the bedside of a dying tribal member. In retrospect, grief had to be worked through by those who were left behind, and the staff had to learn and accept these rituals.

The urgency of the situation and its overwhelming consequences gave patient and caregiver insufficient time to reflect on the difference of values, and on the searching out of the missing links in the perception of each other. But the Western biological disease model of controlling the fulminating spread of tuberculosis proved to be effective. The death rate fell and surveillance of the population led to a fast decline of new cases. It led the Charles Camsell Hospital to its present role, that of an acute care community hospital.

The Care of the Spirit

Illness is a total experience involving the body, the mind and the spirit. The psycho-social aspect of getting to know, and to understand oneself in conjunction with other groups cannot be managed by injections, operations, rest and X-rays. The choices made by the dominant group at the time period still stand; life must come first at all times and whatever the cost.

The constant availability and dedication of the Anglican Priest, mainly for Inuits, the Roman Cath-

olic Priest for the larger majority of Indian Catholics, and the United Church Minister was a tremendous task with far greater ramifications than that of holding a worship service. These religions practiced in the ecumenical spirit long before it became current practice. They baptized, anointed, and buried persons, and were available day and night. These priests understood the true meaning of the Indian word "Medicine". They knew to bring communion when some elderly patients asked for medicine and above all they remained nonjudgmental.

The Problem of Growing Up in Hospital

The world of hospitals is a world of regulations, policies, procedures, levels of professionals, vocations and skills. It runs on a twenty-four hour basis with its doors open for those who need its services.

Growing up or spending several years in such an environment had long-range advantages; mainly the acquisition of a good educational foundation from which to build literacy as the initial key to developing a new awareness and eventually a new power-base. Literacy changes self-perception and strong, cohesive group bonds were loosened because the individual acquired a new form of information gathering and entertainment. It should be noted that with literacy, social differentiation of a society begins and it is the first step toward a new form of independence. This was very obvious with teenagers and young adults.

For the young, the disadvantage of long hospitalization was the lack of development of other social skills such as are acquired in the normal daily family life of most people. Some patients never experienced it, or only in shortened form; nor did they learn traditional skills or acquire realistic urban ones that could provide them with a new emotional security. The tuberculosis crisis contributed to native urbanization and the inner city became the new meeting ground of those who came to the city in search of a new life.

The Arts

The staff of the Charles Camsell Hospital had gained a commendable insight into the psychological needs of the patients by exploring and fostering arts and crafts, through provision of materials, buying from, and selling for the natives. The release of creative energy can be seen in the fluid lines of Inuit carvings that are full of activity, and the lucid paintings and intricate moose hide needlework of the Indians. The work is also a visual history of social change of native society, particularly their technology and material life-style, and a permanent tribute to a people.

The Transition Period

In the late sixties tuberculosis was on the decline, but still sufficiently high to have several nursing units of TB patients in the brand new hospital. The new facilities were contrasted and compared for merits by staff and patients alike, and the conclusion was this: Never again will there be a repetition of past events. Tuberculosis may once more rise, but the social interaction can never be repeated because the natives changed, and we changed. The new drugs and new medical technology assure better surveillance and control. Also, among the native population, healthcare personnel emerged with excellent skills and a great sensitivity toward traditional and modern medicine. A contribution and understanding of both traditions is a great gift.

And so, it finally can be said that those alert caregivers who have worked for a few decades, saw an unusual social event in Canadian healthcare history and have been favored to have been part of happenings that are history. This history can be compared to many catastrophic events of large epidemics in the records of the western world in which disease became the dominant force and a medium of culture change for a people.

Maintaining a Tradition

The Spirit Lives On

by F. A. (Alex) Herbert, M.D., M.Sc.,
F.R.C.P. (C), F.A.C.P.

Dr. Herbert graduated from the University of Manitoba, Faculty of Medicine in 1955. While attending University he spent his summers working in hospitals in northern Manitoba and Ontario. This was his first exposure to what has been an on-going special interest in the problems relating to Indians and Inuit. Dr. Herbert came to the Charles Camsell Hospital in 1962 as a Consultant in Respiratory Disease and Internal Medicine, and he continues in this role today. He developed the Respiratory Therapy Department and Pulmonary Function Laboratory and has conducted several clinical research studies at the hospital. A Professor of Medicine at the University of Alberta, Dr. Herbert is also active in teaching at the Camsell. In 1978 he also became the Director of the Nurse Practitioner Program based at the University, and held that position until 1984 when the program was discontinued by the federal government. Dr. Herbert has served as a consultant to the federal government with regard to northern health problems. He is actively involved in numerous organizations, including the American and Canadian Thoracic Societies.

If you look southward from an upper floor window of the present Charles Camsell Hospital you can see a large grassy lot completely devoid of any activity. All signs of the old Charles Camsell and its outbuildings have disappeared long since. The old structure which was originally a college for boys, then a U.S. and Canadian military building, was converted to a hospital in 1945. Initially, it was used for patients with tuberculosis, the majority of whom were native, but by the 50's and through most of the 60's, it was the site of intense activity as a general hospital containing a large number of patients suffering from a wide range of serious diseases. Native patients came from all over Alberta, the Yukon and the Western Arctic, sometimes arriving by aircraft in

considerable numbers with or without forewarning. Inclement weather and the urgency of some of the problems made this practice necessary, but all patients were squeezed into hospital without complaint by the staff or the patients themselves. The pattern of disease among the patients was strangely out of time with the rest of contemporary medicine and other medical centres. Patients were often found to have infectious and other advanced diseases which had become uncommon or well controlled among other populations. Examples of this phenomena included generalized tuberculosis, pneumonia, bronchiectasis, acute and chronic rheumatic fever, infections of the central nervous system and gastrointestinal tract, parasitic diseases and congenital defects. A complete list would correspond to the index of a textbook of medicine written for contemporary medicine decades earlier.

The explanation for this probably relates to a number of factors including the patient's isolation, the crowding of large families and others into small living quarters, sanitation, trauma, and biological vulnerability due to previous lack of exposure to certain diseases and subsequent deficient immunity, genetic factors, and stoicism to illness and pain. The large number of pediatric patients was a reflection of this situation. In particular, the high incidence of primary TB in children could be correlated with the prevalence of this disease in the adult community from whom they contracted their illnesses.

For all their suffering the patients seemed to tolerate separation from their wilderness homes remarkably well, perhaps because of the atmosphere of the hospital which they were encouraged to create. At any one time one could hear Indian languages varying from Cree to Loucheux and the very different Inuit voices from the Western or Eastern Arctic. Whatever the language or dialect, there was always a patient in the hospital who could interpret for the medical staff. From the occupational therapy workshops came a remarkable production of beaded gar-

ments, mukluks, leather goods and fine stone figures, all of which were ultimately displayed in magnificent abundance in the hospital store. The fragrance of smoked hides so evident there permeated much of the rest of the hospital as well. Outdoor scenes painted in a characteristic two dimensional style were displayed in paintings hung in the hallways and dining rooms. The unique atmosphere created by these things may have been responsible for the strong identification by the northern peoples with the Charles Camsell Hospital which still exists among some of those people to this day. Many of the old photographs of smiling faces remain as a testimony to the courage of people who tried to make the best of their illnesses and their absence from home.

There was a large number of full-time medical staff considering the size of the hospital, but this was explained by both the numbers of patients and their serious illness. Most of the staff were General Practitioners, often with experience in northern settlements, who moved into specialized roles in the Charles Camsell. Specialists were outside consultants mostly from the University Hospital who attended the Camsell regularly. Perhaps what characterized most of these physicians was that they liked their patients and often knew a great deal about them, and their native habitat. For their part the patients were kind and understanding of the doctors as expressed by their patience and reasonable expectations. A number of medical articles, mainly of a clinical descriptive type, appeared under the authorship of physicians attending patients at the Charles Camsell and these published fragments record some of the unique medical conditions studied and treated. These are listed in an appendix in this book.

It was the crowding of patients and an inadequate building which ultimately created a great deal of pressure to have the federal government build a new hospital. A federal Health Minister was heard to remark "you have surely stacked these beds together for my benefit" during a rare hospital tour. A new hospital was completed on the present site in 1967.

The old could not give way to the new without a few humorous incidents. There is a story that when the wreckers ball hit the sides of the old building, clouds of white dust exploded everywhere, apparently from the tablets of para-aminosalicylic acid which had been stuffed in large quantities through holes in the walls of the wards by hundreds of patients over the years. This drug which was used in large dosages as one of the medications against TB had a well known side effect of gastric irritation. The veracity of this story must be decided by the reader, but many who were there believe it!

The 70's brought three major new developments. A committee appointed by the Dean of Medicine (Walter Mackenzie) recommended several full time university positions to be funded jointly by the federal government and the University, thus placing full-time key specialists on the hospital staff with strong academic ties. Because of a decrease in new active cases of TB in the north, the federal government decided to divert people with this disease to the provincial TB facility. As elsewhere the numbers of pediatric cases had fallen substantially. The hospital now had ample space to admit non-native patients who usually came from the surrounding community in northwest Edmonton. This in turn led to the appointment of additional private part-time generalists and specialists to the medical staff. Ultimately, the hospital was given to the province of Alberta in 1980.

Thus the present era of the Charles Camsell Hospital began. Native patients are still referred, but many now go to other large centres or to the regional hospitals. A few things belonging to the past are still about, including a striking tile mural in the foyer of the hospital dedicated by the federal government to the native people. Many of the current hospital staff look forward to serving the native patients who still wish to be sent to the Charles Camsell. It appears that the current administration and hospital board have accepted the fine old traditions and intend to use this as one of the bases on which to create a modern hospital facility.

Maintaining a Tradition

by Ann Lind

Employed at Metro-Edmonton Hospital District No. 106 from 1978 to present

News Release

1980 E 20

June 27, 1980

PROVINCE ACQUIRES CHARLES CAMSELL HOSPITAL

EDMONTON — Agreement has been reached to transfer the ownership of Edmonton's Charles Camsell Hospital from the Federal Government to the Province of Alberta. The transfer was announced today in a joint release by Health and Welfare Minister, Monique Begin, and Alberta Hospitals Minister, Dave Russell. Under the agreement, the Province acquires the hospital and surrounding public property. In addition, the Federal Government will contribute up to \$1,043,000 toward upgrading the hospital facility.

The Provincial Government has confirmed that the name Charles Camsell will be retained and the hospital will continue as an active treatment hospital.

. . . Transfer of the hospital will come into effect later this year.

-30-

Canada
Health
and Welfare
Canada

Sante et
Bien-etre social
Canada

Discussions between the federal and provincial governments regarding the transfer of the Camsell facility continued for several years prior to the finalization of their agreement, which was signed by both parties on November 12, 1980. As early as July 28, 1978, however, the Alberta Department of Hospitals and Medical Care, under the then Minister, the Honourable Gordon T. Miniely, invited Metro-Edmonton Hospital District No. 106 to assume operational responsibility for the Charles Camsell Hospital on behalf of the province once the negotiations were concluded.

Metro-Edmonton Hospital District No. 106

Metro-Edmonton Hospital District No. 106 was incorporated by Lieutenant Governor Order In Council No. 518/78 on April 26, 1978 and was the first active-treatment hospital district created in the City of Edmonton.

The inaugural Board of Governors of the District and those serving at the time of the hospital transfer comprised representatives from the City of Edmonton: Olivia Butti, William Chmiliar, Ron Hayter, Paul J. Norris and Lawrence O. Olsen; and from the Coun-

ty of Strathcona No. 20: Ihor Bayduza and R. Douglas Byers. In March 1980, two more board members, William McLean and David Ruptash, were appointed and following the acquisition of the Charles Camsell Hospital, Eric Shirt, joined the Board.

When the announcement was made in June 1980 that the transfer of the Charles Camsell was to take place, the effective date of District jurisdiction was not determined. Later in July 1980, it was confirmed that at 00.01 hours on December 1, 1980, the District Board would officially be responsible for the hospital. With only 120 days preparation time, the Board and Administration were faced with structuring an appropriate organization to adequately operate the Camsell Hospital.

The Transfer of the Charles Camsell Hospital

The singular difference between all other federal/provincial transfers and the Camsell/106 transfer was that other receiving health care entities were already responsible for operating hospitals. The District offices were embroiled in the planning processes for a brand-new active treatment hospital in the southeast sector of the City of Edmonton and thus its organiza-

tional structure was attuned to hospital planning functions and not active hospital operation.

The federal government handled matters involving personnel, payroll, purchasing and finance through central offices which were offsite from the Camsell. There were no independent departments existing for these administrative elements within the hospital, nor at an adequate level at the District offices. Fielding a team of administrative individuals who could create the necessary base for the Camsell operation, coupled with a view to expanding the responsibilities of each department as a centralized District function to absorb the operation of a second hospital, commenced immediately.

Personnel

One of the paramount activities involved transferring staff members from the employ of the federal government to District No. 106. At the Camsell there were some 750 full-time employees, plus approximately 250 casual and temporary staff members, who had to decide whether or not they wished to continue working at the Camsell following the District takeover.

The person engaged as Director of Personnel for the District was Russ Purdy. Under his guidance individuals were brought together to complete the transfer process within a very short period of time as it related to staffing and payroll.

The unions and union contracts which governed the Camsell staff as a federal hospital would no longer apply following the transfer and application of provincial standards effective December 1, 1980. There were seven employee groupings in existence: five for health care professions and an excluded non-management and management sector. Subsequently through the transfer deliberations the Labor Relations Board certified the Health Sciences Association — Paramedical and Technical sections, Alberta Association of Registered Nursing Assistants and the United Nurses of Alberta with the Alberta Hospital Employees Union being granted voluntary recognition by the District to represent portions of the Camsell staff. The District then negotiated collective agreements with each of these bargaining agents.

There was a conscious decision made that pay benefits and job classifications would be analogous to those available at other Board-governed hospitals in Alberta. Since the federal government's system did not reflect Alberta hospital practices an entirely new classification and remuneration scheme had to be developed, which entailed individual evaluation of duties, responsibilities and qualifications for every employee. In addition, entirely new policies documenting working conditions had to be established, including hours of work, overtime provisions, desig-

nation of management and non-management jobs, the benefit package, annual vacation entitlements and statutory holidays. In general, all of these factors contained variances from the existing federal government structure.

Within sixty days, every position was assessed and each employee was given counselling by the federal authorities with respect to the current state of employee entitlements as a federal staff member and information regarding options, if any, which could be exercised by the employee to remain in the federal service or retire under federal regulations. Concurrent with the federal counselling, a second counselling program by the District provided staff members of the Camsell with a detailed explanation of the District's offer of employment. Counselling areas were set up on a vacant ward in the hospital.

The software for handling the new payroll, benefits and employee information systems on computer had to be created. Woods, Gordon Management Consultants in Edmonton were engaged to modify the Royal Alexandra Hospital (Edmonton, Alberta) computer software package to meet the Camsell's needs.

To complete the personnel transfer in time for the official takeover, each employee had to receive a letter from the District by September 3, 1980 offering employment. A decision from the employee as to whether or not the offer would be accepted had to be received no later than November 3, 1980. The District entity at this time was an administrative hospital planning base with approximately a dozen staff members and the production of almost 1,000 letters offering employment to the Camsell staff posed somewhat of a challenge. Throughout the month of August 1980, the small staff at District offices worked long hours producing individual letters to all Camsell employees and indeed all scheduled time frames were met in transferring hospital staff from the federal systems to the District.

In retrospect, it was an extremely demanding period and Russ Purdy often commented at the time that: "It was most appropriate that the District's first personnel offices were situated on the fourth floor of the hospital in a vacant area that had been converted to serve at some time as a psychiatric unit!" One of the 'interview/counselling' rooms had a two-way mirror, which Mr. Purdy had to 'paper over' so that privacy could be maintained during the counselling sessions.

Following many test runs on the computer, the first District payroll for Camsell staff was produced without a hitch on December 11, 1980.

Special mention must be made of Joyce Bennett, Executive Assistant to the Camsell's Administrator,

who provided a sensitivity to issues and day-to-day practices within the facility. Joyce, who had previous personnel experience in the hospital, provided a key link in enabling the District to establish a workable plan for the transition of the hospital staff from federal government jurisdiction to that of the District Board.

While this change of employers for the staff of the Camsell was taking place, there were many other matters requiring attention.

Materiels Management

Greg Campbell was recruited as the District's Director of Materiels Management. Several responsibilities and challenges were immediately placed on his shoulders. Because new departments were being created within the walls of the hospital for Personnel, Materiels Management and Finance and the staff was expanding both at the District offices and hospital, furnishings for both locations had to be acquired on very short notice. As well, Mr. Campbell was given the task of finding space to house the growing 'population' in already fully occupied administrative areas at the Camsell.

There were 37 existing contractual agreements between the Charles Camsell Hospital, as a federally-operated facility, and various suppliers of major support services, such as oxygen. All contracts had to be renegotiated by the Materiels Management staff since the agreements with the federal government would automatically cancel at midnight on November 30, 1980 and there could be no interruption in these essential services.

A complete inventory of all equipment and supplies, from pots and pans to furnishings, dictionaries and specialized operating room and radiology equipment had to be catalogued. Every single tangible item in the hospital was listed showing quantity, model, date of purchase, estimated life and capital cost. This information in turn was entered into the computer, and software for that segment of the operation was designed in its entirety by Mr. Campbell in conjunction with programmers from Woods, Gordon.

There were 500 forms that the Camsell Hospital used to expedite federal hospital operation. With assistance from Joyce Bennett, each form was reviewed and redesigned by Materiels Management for District operation of the hospital. Throughout this process approximately 150 new forms were created, printed and put into use.

Mr. John Kirkman, who continues today as the Director of Purchasing at the Charles Camsell, contributed immensely in the transition from federal to District jurisdiction insofar as purchasing policies and practices were concerned. Additional buyers had

to be hired plus one more storeman. The District logo was placed on hospital vehicles, stationery and forms.

Within the four-month period prior to the actual transfer date of December 1st, the complete Materiels Management system was in place. Training programs for staff, new and old, were conducted in order to provide employees with an understanding of this new system.

Finance

Central to the transfer process was the creation of a District Finance Department. Mel Poole assumed the responsibility of creating a finance system which would serve both the Camsell Hospital and the District functions. Financial, banking and insurance policies were developed, and insofar as the Camsell transfer was concerned, a pre- and post-operating as well as ongoing operating budget was prepared. As in the Personnel and Materiels Management Departments, a software program had to be devised and tested, and staff training and orientation sessions conducted. In addition to staff orientation, Mr. Poole worked closely with the Board of Governors and the Board's Finance Committee in establishing the all-encompassing financial operation for the hospital along with complementary policies and procedures for the District office.

Mr. Ron Fenton, at the Hospital level, ensured that all aspects for the smooth operation of the Finance Department were handled.

Information Systems

Last, but by no means least, newly appointed Ross Mustard, Director of Information Systems, liaised with all departments in the acquisition and installation of computer equipment and programs. His task was enormous and programs from the Misericordia and Royal Alexandra Hospitals in Edmonton were studied and rewritten for Camsell needs as well as new programs created for some areas.

The Official Transfer

When December 1st arrived many dignitaries were present at the Charles Camsell Hospital. The Honourable Monique Begin, Minister of Health and Welfare, Government of Canada, The Honourable David J. Russell, Minister of Hospitals and Medical Care, Province of Alberta, The Honourable Dr. D. McCrimmon, Alberta Minister Responsible for Native Affairs, Ron Hayter, Board Chairman, Metro-Edmonton Hospital Board, as well as representatives from both levels of government, the Hospital and District' attended a special luncheon at noon in the hospital auditorium.

An excellent meal with Arctic char as the main entree was prepared by Gail St. Martin (nee Ness), Director of Dietary. Following the luncheon, the



The Honourable Monique Begin and the Honourable Dave Russell at the historic transfer from federal to provincial jurisdiction, December 1, 1980.

official transfer ceremony took place in the foyer of the Charles Camsell General Hospital. Presentations were made by the Honourable Monique Begin to the Honourable David J. Russell, who in turn transferred Camsell jurisdiction to Metro-Edmonton Hospital Board by handing symbolic keys to Mr. Ron Hayter, Chairman of the Board. The Ministers from the two levels of government then embarked on a tour of the hospital. From 2:30-4:00 p.m. a tea was held in the Camsell cafeteria for staff from the Hospital and District as well as the Board of Governors.

On December 7, 1980, the Hospital's Assistant Executive Directors, Benny Leung, Wally Rocchio and Jean Newman, together with Department Heads and Chiefs of Services of the Medical Staff, met informally with the Board and Administration of District No. 106. The tenacity and professionalism of the senior administration of the Camsell, Jean Newman, Benny Leung and Wally Rocchio, throughout the transfer process, and continuing to the present time, is recognized not only by the Board of Governors but all people affiliated with the Camsell Hospital. The transfer period was not without its difficulties and adjustments, and these three individuals provided leadership that made the transition of the hospital operation a success. As well, those who have worked with Lawrence Wilson, the Executive Director of Metro-Edmonton Hospital District No. 106, will attest to his organizational ability, vast knowledge of the health care field and deep sensitivity and caring for others. The people involved in the mechanics of the transfer were motivated not only by the challenge of the task they had undertaken, but to a great degree by his support and objectivity.

Thus, the actual transfer of the Charles Camsell was completed. This goal was realized following

many years of negotiations between the federal and provincial governments which had first begun in the early 1970's.

Immediately Following the Transfer . . .

In order to apprise the surrounding community and generally all residents of Edmonton that the Charles Camsell General Hospital had been transferred to provincial government ownership and Metro-Edmonton Hospital Board jurisdiction, a three-day 'extravaganza' took place. On March 26 and 27, 1981, information booths were set up at the Westmount Shopping Centre manned by staff members and hospital volunteers to answer questions posed by passers-by. Brochures were made available giving information on services provided by the Camsell. Helium-filled balloons were given to children and clowns entertained, filling the mall with color and excitement. "Camsell Cares" was adopted as the theme for the public awareness program and this theme by nature of its sincere and genuine message is carried through today in all hospital public relations programs. On Saturday, March 28th, a basketball game between two expert wheelchair teams was held at Ross Sheppard Composite High School, close to the Charles Camsell Hospital. Members of the local media and hospital staff played a game at half-time with the star wheelchair team, the Northern Lights, and the "amateurs" really didn't have a chance to score! On Sunday, March 29th, the hospital doors were opened to the public. At the very successful Open House over 800 people toured the facility guided by staff members and volunteers. Following the tour, refreshments were available in the hospital auditorium where a craft and bake sale was also underway.

As a condition of the transfer agreement, a representative of the Native Community was to serve on the Board of Governors. Mr. Eric Shirt, upon recommendation of the Indian Association of Alberta, was appointed to the Board in March 1981, by Ministerial Order No. 8/81. This particular appointment required special legislation since Mr. Shirt did not live within the District boundaries, a requirement for eligibility to become a board member under The Alberta Hospitals Act — The Hospital Districts Regulations.

Medical Staff Bylaws and Regulations for the Charles Camsell Hospital had been written within the context of a federal hospital, and the Board of Metro-Edmonton Hospital District had to create a Bylaws and Standards Committee to rewrite bylaws.

At the time of transfer, 258 of the 365 beds at the Charles Camsell Hospital were in operation. Occupancy levels were reflecting a 65 per cent utilization and 90 per cent of the patients were Edmonton-based. By mid-December 1980, 270 beds were open

and an additional 20 beds were opened in April 1981, with occupancy levels up to 84 per cent. Progressive and gradual steps were made and in May 1981, 299 beds were available and by June 1981, 316 beds were open.

Currently the Charles Camsell operates 335 of its 365-bed complement. An additional difficulty at the time of transfer was a shortage of twenty-five nursing personnel. Very specific recruiting campaigns were launched to attract nurses and by June 1981, there were only four vacancies in Registered Nursing positions.

The Years 1980 onwards . . . Maintaining a tradition

Prior to and following the takeover, both federal and provincial authorities realized that the hospital was some sixteen years old and that it was nearing time for an initial renovation of some support services particularly in radiology and laboratory medicine, where technological changes were most prevalent. There had been modifications in building and fire codes since the initial construction and, therefore, special teams were brought in to evaluate, identify and make recommendation on essential changes that could be anticipated over the course of the next few years. These voluminous reports were studied and discussed by many committees and eventually a price was attached to some essential modifications that would have to be undertaken within a short period of time. In recognition of this, the federal government allocated \$1,043,000.00 to assist in these physical changes. During the next three years (to 1984), with the assistance of the provincial Ministry of Hospitals and Medical Care, the Ambulatory and Out-patient Department was upgraded. A major undertaking also included the extension of a medical gas system to all patient rooms and the installation of a new patient intercom (nurse-call) system. There was relocation of some departmental quarters throughout the years following the transfer and expansion of administrative elements within the hospital.

The Charles Camsell Volunteers always formed an integral part in offering extra care and services which make the patient's stay more pleasant. Early in 1982, under the expert guidance of Volunteer Services Director, Mrs. Lena Harrison, aided by Ann Lind, District 106 Executive Assistant, the Volunteers incorporated under The Societies Act as The Charles Camsell General Hospital Volunteer Association. The volunteer group has taken giant steps in programming since this incorporation and today is able to donate not only a significant and increasing number of hours in service, but also funds which give the hospital an opportunity to acquire hospital and

medical equipment along with continuing support for patient amenities.

Following negotiations with Mr. Jack Goodall, the private operator of the hospital Canteen which provided magazines, confectionaries and some craft items, the Volunteer Association was able to meld physical space and merchandise into one larger and more comprehensive gift shop. The services of Mr. Goodall over the many years prior to this amalgamation must be recognized within the pages of this book as a service greatly motivated by his interest and concern for the well-being of patients and their families. In prior years, the Volunteers worked closely with Mr. Goodall in stocking their 'gift shop cart' from his canteen which was taken to the patient floors carrying many items which the patients often required.

The Charles Camsell has had a history of long-standing working relationships with the Faculty of Medicine at the University of Alberta. Both the faculty and the federal government recognized the need to provide highly skilled consulting services to the north country on a planned basis. In particular, the concern for medical problems experienced by children and adults alike, ranging from ophthalmology to orthopedics and encompassing the many skills of general medicine and surgery were well developed at the time of transfer. To this end, the federal government included, in its operating budget for the Charles Camsell, funds to provide for a team of eight full-time geographic appointments within the hospital. These today are: Dr. W. Pearce, Ophthalmology, Dr. J. Godel, Pediatrics, Dr. R. B. Dundas, Pediatrics (now practicing in Ottawa, Ontario), Dr. H. R. Rajani, Pediatrics, Dr. J. Koo, Surgery, Dr. G. W. Scott, Surgery, Dr. S. Kilam, Surgery and Dr. C. Harley, Medicine. It was this recognition of the benefit of having an integrated team of medical practitioners who were also teachers that made it possible for the extension of support service to the Yukon and Northwest Territories. The experience of these individuals venturing forth as travelling teams, supported by their residents from within the hospital and also assigned from the University, would in itself be an interesting book associated with the history of the Camsell. Early diagnosis and subsequent corrective procedures enhanced the level of health enjoyed by many people served by these teams. This tradition existed before the transfer and continues today.

Shortly after the changeover, the medical staff requested that a Junior Rotating Internship Program be established in June of 1982. While small in number, accepting ten Rotating Interns each year, the program in the first year of operation received full accreditation from the National Joint Committee on

Accreditation of Pre-Registration Physician Training Program. A teaching component such as this assists in assuring that the quality of care will not only be maintained but enhanced and improved. The main forerunners in establishing this Rotating Internship program are Dr. J. T. Morrissey and Dr. S. Kilam.

The Charles Camsell's early and continuing association with medical education received recognition through the granting of full membership, effective in 1981, to the Council of Teaching Hospitals of Alberta, one of only eight teaching hospitals so designated. This Council is involved with the many ramifications of operation and administration of the teaching hospital which in turn has a continuing liaison with the Faculty of Medicine, the University and the provincial government. The types of programs, the mechanisms of support, the provision of space for geographic appointments, the consideration of staff and teaching needs come under the purview of this Council and reflect the quality and nature of the teaching activities with which the Camsell becomes involved. The Camsell is probably an anomaly within this group in that it is not a large metropolitan facility, does not have a great number of beds nor extensive esoteric services. It is at the Camsell, however, that the various Residents and Interns have an opportunity for 'hands on' practice in medicine reflective of what their own practices might well be when they go out into the community. It is this 'real people' experience that makes the Camsell a sought-after appointment by Interns today.

The Camsell has always exhibited a consistent orientation to the changing environment and health needs of the community it serves. An integral component of that commitment is the educational affiliations maintained by the hospital. The Rotating Internship Program and association with the University of Alberta — Faculty of Medicine has been noted. In addition, teaching agreements exist with the University of Alberta — Faculty of Nursing, the University of Alberta Hospital and Grant MacEwan Community College to accept nursing students; and with the Alberta Vocational Centre to accept students from the Registered Nursing Assistants program. In the realm of Laboratory Technology, the Camsell cooperates with the Northern Alberta Institute of Technology in accepting students for the Medical Laboratory Technologist Program. The Physiotherapy Department receives students from the University of Alberta and agreements for training Occupational Therapy Interns exist with the Canadian Association of Occupational Therapy. Needless to say, the educational commitment extends throughout the hospital in an abundance of disciplines. Other areas which undertake specialized

training programs for students are: Pharmacy, Dietary, Social Services, Medical Records and Administration. The maximum allowable three-year accreditation awards earned by the Charles Camsell Hospital both in 1980 and 1983 from the Canadian Council on Hospital Accreditation; the five-year accreditation awarded the Rotating Internship Program in 1983; the accreditation from the Canadian Physiotherapy Association in 1982 recognizing the excellence of the Camsell's Rehabilitation Services; and the five-year accreditations awarded the Laboratory in 1984 from the College of Physicians and Surgeons and the Canadian Society of Laboratory Technologists speak highly of the Camsell's continuing thoughtful and dedicated service to its community.

While under the federal government, a Northern Research Unit was established. This continues to exist and the vast number of regional studies and the original research which have emanated from the Unit, and which will continue in the future, are of significant magnitude. The Board of Governors of Metro-Edmonton Hospital District No. 106 continues to support requests from individual doctors for specific applied research projects. As time passes and the hospital establishes its new roles and directions, so also will the research mission of the Board and the hospital be realized as an ever-expanding research function.

The role of the Camsell Hospital as it has evolved in earlier chapters of this book is one of significant, but almost singular and unique purpose. As we have seen, the rapid improvement in communication, in transportation and not the least, in medical technology made it possible, and probably more appropriate, to provide services to the native people closer to their own communities. The introduction of new medicines, coupled with intensive case finding, and improved ground and air transportation reduced the need to hospitalize people for long periods of time with such diseases as tuberculosis and also made it possible for the professionals in nursing and medicine to actually visit, examine and treat people in their own communities. It also meant that the allied support workers could visit the same communities and, as a team, work with not only the individual but also with the family and the immediate community. This has provided a more holistic approach to provision of medical care to the north country.

The transfer from federal to provincial and Metro-Edmonton Hospital District 106 jurisdiction is characteristic of how the Camsell Hospital has always adapted to the changing needs of the people it serves. With the transfer, the clientele of the hospital became more immediate to the Edmonton area. Despite this, almost a third of the patient load continues

to come from out-of-town with about one person in ten coming from the native population. In retrospect, this regeneration and regrouping reflects the continuing spirit of the Camsell in that it can and does turn to the area where its services and facilities can best be used. While this is reflective of many health institutions across the country, it is particularly meaningful now in that the same spirit and dedication that has been exhibited by the various staff members continues to this day. The sense of involvement, of reaching out, of being aware of the 'people' factor in healing has always been a strong element of resolve for Camsell employees and medical staff. The hospital now has a more prescribed population which it serves well not only in the in-patient nursing units, but also through its out-patient services and its emergency facilities. Probably the first five years of its life in this new relationship portend what is ahead in the way of new equipment, changed capabilities in its emergency/ambulatory department and expanding services in radiology and laboratory medicine.

William A. Dartnell was appointed Administrator of the Charles Camsell Hospital in the fall of 1981. His management in the early years of District jurisdiction has provided consistent leadership and has been the fulcrum from which the strengths of the hospital and staff have coalesced to establish the Camsell we know today.

In 1984, a Master Development Plan was completed for the Charles Camsell General Hospital and submitted to the provincial Ministry of Hospitals and Medical Care for review. The purpose of a Master Development Plan is fundamentally associated with the process of goal seeking; that is, seeking to establish a future picture of the hospital and presenting general targets for development. Areas that will be considered in the plan include: traffic circulation and access to the facility; site development potential for possible future expansion; and in-depth reviews rela-

tive to program delivery, space, and internal and external relationships for each hospital service component. Existing programs and services will be improved within budget capabilities to ensure that the Camsell's past history of providing high quality, effective and efficient patient care and teaching will reach into the future of this unique health care facility. The following quotation exemplifies the inner thrust of the health care professionals who were, are and will be associated with the Charles Camsell Hospital:

"... man will not merely endure;
he will prevail. . . because
he has a soul, a spirit
capable of compassion
and sacrifice and
endurance."

William Faulkner

¹ Dignitaries attending the luncheon at the Charles Camsell General Hospital on December 1, 1980: Federal government representatives from the Medical Services Branch, Dr. Lyle M. Black, Assistant Deputy Minister, Dr. Gordon Butler, Associate Director General (West), Dr. Brian Brett, Director General Operations, Dr. Richard Nuttall, Regional Director (Alberta). Provincial government representatives included: Dr. Lloyd Grisdale, Deputy Minister of Alberta Hospitals and Medical Care, E. Wright, Assistant Deputy Minister of Alberta Hospitals and Medical Care, Mr. Terry Roberts, Executive Assistant to the Minister, Alberta Hospitals and Medical Care, Mr. Alec J. Nykolyn, Financial and Legislative Planning. Other invited guests were: Dr. L. H. le Riche, Registrar, College of Physicians and Surgeons, Dr. R. Clarke, Alberta Medical Association, D. Macgregor, Alberta Hospital Association and Dr. T. Cameron, Dean of Medicine, University of Alberta. Also attending were District Board members: Olivia Butti, Paul J. Norris, William McLean, William Chmiliar, David Ruptash, Lawrence Olsen, R. D. Byers, Ihor Bayduza and from the Camsell Hospital, Andrew Boehm, Administrator; Medical Staff: Dr. D. Tusz and Dr. L. G. Evenson; Clergy: Father Rheume, Reverend V. Cox; Administration: Wally Rocchio, Assistant Administrator, Benny Leung, Assistant Administrator, Jean Newman, Associate Administrator, Joyce Bennett, Executive Assistant; District Administration: Lawrence L. Wilson, Executive Director, Nicholas Synenko, Associate Executive Director, Charles McDougall, Assistant Executive Director, and Ann Lind, Executive Assistant.



The first annual long service award recipients, May 1983. L. to R., Bottom Row: A. Christoffel, M. Coughlin, A. Jardine, J. Lopez, E. Nemetz, L. Bourdois, J. Elcock, E. Storey, S. Bentley, S. Ireland, P. Ofner, A. Dukiewicz, E. Behm, R. Kowalski, H. Nicol, C. Lambert, M. Hoda, I. Powell.

L. to R., Second Row: J. Sullivan, L. Blair, S. Gordon, H. Friedrich, M. Lavender, S. Charles, E. Schnell, F. Fabien, S. Konopka, F. Beach, E. Coe, A. Johnson, J. Osenchuk, B. Mellor, L. Kukurba, L. Kokotilo, R. Tahirovic, A. Perin-Serediak, M. Kaban, J. Meindertsma, A. Stenger, A. Splinter, R. Chawla.

L. to R., Third Row: J. Berezanski, J. Strachan, P. Pederson, R. Dumigan, G. Ricca, E. Hunter, N. Kirillo, E. Henderson, M. White, B. Fisher, M. Hancheruk, G. McLeod, A. Ducharme, C. Fowler.

L. to R., Fourth Row: G. Horman, C. Kennedy, N. Kulchisky, L. Yerman, A. Modayil, M. Serediak, L. Roux, F. Barefoot, A. Andrejiw, T. Bowman, M. Pasini, M. Townend.

L. to R., Fifth Row: A. Hayne, J. Rogers, H. Shulhan, H. Tagmeyer, M. Hubbel, B. Geyer, E. Broberg, S. Van Stolk, T. Clarke, J. McKinnon, S. Dronyk, B. Balutis, M. Cardinal, R. Beer, H. Powelson, M. LeClair, J. Bodo, G. Dubro.

L. to R., Sixth Row: F. Koning, S. Mellor, D. Cote, J. Kirkman, A. Schwarz, G. Back, G. Bubley.

Appendix

What is Tuberculosis?

by Matt Matas, M.D.

Tuberculosis is a destructive infection caused by a germ, the tubercle bacillus. Perhaps the best way to describe the type of damage produced by the organism is to compare it to rot or decay which may destroy fruit, wood or vegetables. Tuberculosis is a form of "rot" in humans which may destroy parts of various organs, particularly the lungs.

The contagiousness of tuberculosis is obvious when it occurs in a child or young adult exposed to an open case of the disease. Older adults, however, more often develop tuberculosis without recent exposure as will be explained below.

The only means of catching the infection is by breathing the germs into the lungs. The germs are carried in tiny invisible drops of moisture sprayed into the air by a person with active tuberculosis in the contagious "adult" stage when he is coughing, sneezing or speaking. The drops are so small that five million could fit into a space no larger than the head of a pin. For this reason the person must be isolated in order to protect others from the germs. This isolation is achieved by admission to a sanatorium or a hospital until the contagiousness has been controlled by treatment with modern anti-tuberculous drugs.

Tuberculosis goes through several stages in the human being:

- 1) "Primary" tuberculosis which usually produces no disease,
- 2) Spread through the blood stream, to other organs and the upper section of the lungs,
- 3) TB often becomes dormant for years,
- 4) "Adult" tuberculosis results from the "waking up" of dormant infection and is the dangerous and contagious form of the disease.

"Primary" Tuberculosis

When tuberculosis germs enter the body for the first time, the infection is usually so mild that it causes no illness and heals without being diagnosed. At first the spots of primary tuberculosis are too

small to be detected even by X-rays but the infection can be diagnosed by means of a positive skin test. Later, the spot or spots may increase in size and produce a shadow on the X-ray. Even at this stage, however, the body may gain the upper hand and recover without the person ever feeling sick. The spots of disease usually heal, leaving scar tissue; these shadows on the X-ray usually shrink or disappear entirely. Often a white chalk (calcium) is deposited in such spots and will show up as a white spot for the rest of the person's life.

The significance of the "primary" infection is the blood stream seeding of the bacilli which accompanies it and which sets the stage for the development of chronic tuberculosis, months, years or even decades later. Before the development of allergy and immunity to TB, by the body, some bacilli escape from the bloodstream and set up blood borne foci in other parts of the body. These metastatic foci are found most commonly in the upper section of the lungs, the kidneys, the bones, spine, lymph nodes, or the brain (TB meningitis). If resistance to TB fails completely, an overwhelming blood borne miliary tuberculosis may develop and be rapidly fatal if not recognized and treated promptly.

"Dormant" (Sleeping) Tuberculosis

Even though the primary infection heals, germs usually remain alive somewhere in the body, most often in small spots near the upper section of the lungs. Living germs frequently can be detected even in healthy persons by a "positive skin test", a slight swelling and redness two to three days after the skin is injected with a small amount of tuberculin, a chemical derived from the TB germ.

"Chronic" (Adult) Tuberculosis

Most tuberculosis among adults is the result of the "awakening" of tubercle bacilli in dormant lesions when the body resistance is lowered for any reason. Often this occurs late in life in association with other diseases which impair body defenses, but it also may occur during the prime of life. The re-

mainder of types of chronic tuberculosis are the result of progression of primary infection to the chronic stage without passing through a dormant phase.

Resistance and Immunity

The development of tuberculosis depends on many factors. The intensity of the infection is one of these — one does not contract tuberculosis by being casually exposed to the inhalation of tubercle bacilli. Not only must there be a certain intensity of exposure, but also there must be a certain minimum number of exposures. It is very unusual that one bout with the tubercle bacillus will cause tuberculosis, but repeated exposures will lead to the disease.

Another factor that can impair the resistance to the invasion of the organisms is malnutrition either because of poverty or poor eating habits. Other factors which predispose a person to TB are overcrowding and poor housing both related to socio-economic problems.

There is increased risk of latent infections developing into active tuberculosis in the following situations:

- 1) Early adult life among persons infected in childhood
- 2) Old age when various health factors are not ideal
- 3) Alcoholism
- 4) Diabetes
- 5) Silicosis of the lungs (dust on the lungs)
- 6) Prolonged treatment with corticosteroid drugs
- 7) In those who had part of the stomach removed for ulcer
- 8) With any chronic malignancy.

Active tuberculosis may develop, however, in the absence of such conditions. In the “adult” stage bacilli are most numerous and the effect on the lungs is more serious, producing cavities and considerable scar tissue. Even at this stage, however, the great majority of patients can recover with proper use of modern antituberculosis drugs.

(NOTE: Much of the above has been extracted from the booklets “Fundamentals of Tuberculosis Today” and “Understanding Tuberculosis Today” by W. M. Stead, M.D., printed by Marquette University Press, Milwaukee Wisconsin, 1969.)

Treatment Today

Modern anti-tuberculosis drugs are truly “spectacular drugs”. Today rest in bed is prescribed only when the patient is clinically ill and weak. In the past bed rest was extremely important.

The most common drugs in use today are:

Streptomycin (SM) — Introduced in 1944 this was the first effective drug against tuberculosis. It must be given intramuscularly and remains an important drug whenever intensive treatment is needed.

Para-aminosalicylic acid (PAS) — Introduced in

1949. All forms of PAS cause some gastric irritation and diarrhea and the drug can not be tolerated by some.

Isoniazid (INH) — Introduced in 1952 and is the **most effective** drug in common use today. It is well suited to long term treatment of outpatients.

Ethambutal (EMB) — The newest approved drug for tuberculosis. It should **not** be used for persons who are incapable of reporting symptoms of eye toxicity (e.g. young children). In cases where PAS is not tolerated EMB is now being used as a replacement.

Rifampin (RFN) — Considered an effective drug both in original treatment and in subsequent treatment of resistant cases. It is favored for treatment of young children in conjunction with INH.

Collapse Therapy

All types of collapse therapy from pneumothorax to thoracoplasty are based upon the premise that a diseased lung is given a much better opportunity to heal when its respiratory action is diminished and its diseased areas are completely collapsed. Collapse therapies include:

- 1) Artificial Pneumothorax — injection of air within the pleural space.
- 2) Pneumoperitoneum — injection of air into the abdominal cavity.
These first two were discontinued following vastly superior results with thoracoplasty.
- 3) Extrapleural Thoracoplasty — with or without paraffin wax pack (plombage): a) Apical — 3-5 ribs resected; b) Partial — 6-8 ribs resected; c) Complete — 9-11 ribs resected.
- 4) Resection: a) Wedge resection of lobe b) Lobectomy — complete removal of lobe; c) Pneumonectomy — complete removal of whole lung.

Chemoprophylaxis:

When the infection has already occurred, but there is no evidence of active tuberculosis, INH is widely advocated today to prevent infection from developing into active disease.

BCG Vaccination: (Bacillus of Calmette and Guérin)

For those who have never been infected (are tuberculin negative) but cannot avoid definite exposure to tuberculosis, BCG vaccination is advised in order to induce immunity. It is about 80 per cent effective in preventing the development of active disease as a result of subsequent contact with an open case. It is most effective in preventing serious complications in the young, such as miliary tuberculosis and TB meningitis. WHO (World Health Organization) suggests that the immunity produced by BCG

vaccine is effective for a period of approximately ten to fifteen years.

Milestones

1882 — Discovery of Tubercle Bacillus as cause of tuberculosis by Robert Koch
 1900 — Concept of sanatorium regimen — intensive bed rest
 1920 — Collapse Therapy: a) Pneumothorax, b)

Pneumoperitoneum, c) Modern Thoracoplasty — 1932-33, d) Lung Resection in Pulmonary Tuberculosis 1943-44
 1944 — Discovery of Streptomycin
 1949 — Introduction of PAS (para-aminosalicylic acid)
 1952 — INH (isonicotinic acid hydriazide)
 1969 — Ethambutol (EMB)
 1970 — Rifampin (RFN)

Tuberculosis Statistics

Selected statistics have been included to indicate the extent of disease at the time the Charles Camsell Indian Hospital commenced operation. The statistics for the period 1954 to 1961, following the introduction of the anti-tuberculous drugs streptomycin, PAS and INH during the years from 1947 to 1952, show the progress of successful treatment of this widespread disease.

I. From the Annual Reports of the Canadian Tuberculosis Association and based on the ratio of 100,000 population.

Year	Canada as a Whole	Indians throughout Canada	Indians of Alberta
1944	47.9	579.2	932.4
1945	45.8	564.4	868.5
1946*	47.4	579.1	875.7
1947*	43.0	583.0	500.0

*1946 and 1947, the first two years of operation of the Charles Camsell Indian Hospital.

II. From a paper given by Dr. Meltzer to a service club, November 1948.

Year	Number of Chest Operations	Number started on pneumothorax and pneumoperitoneum	TB Admissions	TB Discharges
1946	108	141	270	34
1947	123	100	239	72
1948*	116	73	199	53

*Figures for 1948 are not complete (probably to October 31).

III. **Death Rates From Tuberculosis
Indians in Alberta**

1946	875.7 per 100,000	or	130
1956	17.6 per 100,000	or	3

IV. **Foothills Region — Anti-Tuberculosis Program
Indian Health Services
1954**

The Foothills Region, as designated by Indian Health Services, comprises:

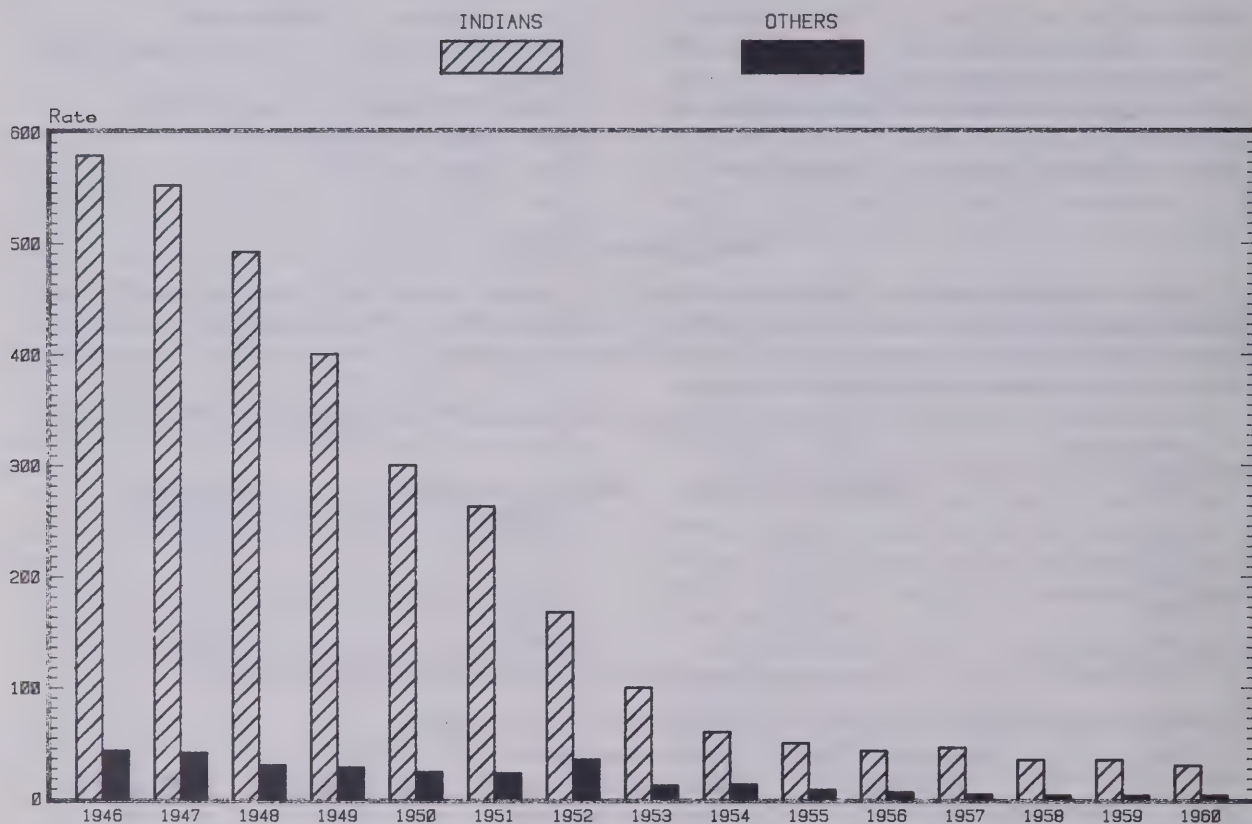
The Province of Alberta
 Northern British Columbia
 The Yukon
 The Northwest Territories and
 The Western Arctic.

The native population in the Foothills Region — (approximately) is:

Alberta	16,500
Northern B.C.	1,200
Yukon	1,700
N.W.T.	4,000 Indians
	<u>2,300</u> Eskimos
Total	25,700

TUBERCULOSIS DEATH RATES PER 100,000

1946-1960 (Canada)



Source: INHS Statistics

V.

Foothills Region Tuberculosis Cases by Types of Disease 1957-1961

Type of Disease	1957	1958	1959	1960	1961
Far Advanced	20	11	13	26	17
Moderately Advanced	74	59	80	57	48
Minimal	33	27	44	46	24
Primary	79	68	61	64	50
Pleurisy with Effusion	7	13	16	10	5
Miliary	8	5	9	7	7
Bones and Joints	17	5	5	3	4
Meningitis	5	10	4	6	2
Renal	8	10	4	13	10
Lymphatic System	17	7	22	24	18
Tuberculoma of Brain	—	2	3	1	1
Other	—	2	27	28	5
TOTALS	<u>268</u>	<u>219</u>	<u>288</u>	<u>285</u>	<u>191</u>

**Charles Camsell Hospital
1953-1961**

Year	Tuberculosis			General		Total Total Daily Average
	Admissions	Discharges	Daily Average	Admissions	Daily Average	
1953	244	260	—	621	—	—
1954	232	284	416	638	66	482
1955	206	—	337	923	119	456
1956	201	—	292	951	135	427
1957	208	183	274	1253	145	419
1958	206	197	257	1432	146	403
1959	205	219	243	2032	153	396
1960	223	198	238	2411	143	381
1961	—	—	231	—	132	363

Where sources are not indicated the information has been obtained from annual or special reports by hospital or regional superintendents.

History of Indian Health Services

Prior to 1755 — No organized medical services of any kind. Any medical assistance given was from missionaries, military medical officers or sympathetic neighbors.

In 1755 — First Superintendent General of Indian Affairs, Sir. Wm. Johnston, Mohawk Valley, New York, was appointed by the Imperial British Government. All administrative charges were borne by the Imperial Government.

July 1, 1860 — Administration of Indian Affairs taken over by the Crown Lands Department of the Government of the Province of Canada.

July 1, 1867 — At Confederation, the administration of Indian Affairs was left with the Dominion Government and allotted to the Secretary of State.

1873 — Indian Affairs transferred to the Department of the Interior.

1880 — Department of Indian Affairs formed. Following this a few part-time physicians were appointed in Eastern Canada. In many instances the stipend was charged against Band funds, where such funds existed.

1905 — A Superintendent of Medical Services was appointed to organize a medical program. This was not successful, and ceased to exist in 1910.

1927 — Position of Superintendent of Medical Services was revived and Dr. E. L. Stone was appointed. From here the organization of the present Medical Services developed.

Dec. 1, 1936 — Indian Affairs became a branch of the Department of Mines and Resources. Interest in Eskimo affairs was developing in another branch of the same department. Medical advice

for Eskimos came from various departments such as Pensions and National Health, R.C.M.P., and Mines and Resources.

Nov. 1, 1945 — The control and supervision of administration of the Medical Services for both Indians and Eskimos was transferred to the Department of National Health & Welfare and designated as Indian Health Services.

Apr. 1, 1955 — Northern Health Services was legally established to care for the health of the peoples of the Yukon and Northwest Territories and, for convenience, joined Indian Health Services.

1962 — The different branches of the Health Services became amalgamated as the Medical Services under the Director of Medical Services of the Department of Health & Welfare. Included were Indian Health Services; Northern Health Services; Quarantine, Immigration and Sick Mariners Services; Civil Service Health; and Civil Aviation Medicine.

Privy Council

(Order to approve the purchase of the Charles Camsell Indian Hospital) P.C. 1119. Ottawa: Privy Council, March 27, 1947.

The committee of the Privy Council have had before them a report dated the 25th of March, 1947, from the Minister of National Health and Welfare, representing:

That under the thirty-third recommendation of the Permanent Joint Board of Defence in Canada and United States, the Crown purchased the Jesuit College property at Edmonton, Alberta, which had been developed and occupied as headquarters of the

Northwest Service Command of the United States Army, being property having become surplus to United States Army requirements;

That the Crown upon assuming the care and custody of this property which rested upon lease hold and free hold lands and comprised some 48 brick, frame and prefabricated buildings, proceeded to allocate the buildings to various Government departments;

That the Department of National Defence, Army, renovated and extended the said premises into a modern, fully equipped, 400 bed hospital with necessary appurtenances;

That at the termination of its need, the Department of National Defence, Army, declared the said hospital and plant surplus to its requirements and the Wartime Committee on Hospitalization considered it to be in the public interest that the said hospital be made available to the Indian Health Services of the Department of National Health and Welfare. The Crown Assets Allocation Committee concurred in this recommendation;

That the overall value of the buildings as declared by the Joint Appraisal Board amounted to \$300,000, which was paid to the United States Government by the War Assets Corporation;

That the said Indian Health Services thereupon arranged with the War Assets Corporation to acquire certain of the said buildings in consideration of reimbursing the said Corporation for the value of the buildings obtained in accordance with the settlement made with the United States government, namely, \$263,700; and the said hospital is now being operated as the Charles Camsell Indian Hospital;

That there are funds available in the estimates of the said Indian Health Services Division for the year 1946-47 which have been approved by Parliament and sufficient to pay in full the price required to make settlement for the purchase of the said hospital and it is considered in the public interest that approval be given to the said purchase and settlement.

The Committee, therefore, on the recommendation of the Minister of National Health and Welfare, advise that approval be given to the purchase by the Indian Health Services Division of the Department of National Health and Welfare of the said hospital premises now being operated as the Charles Camsell Indian Hospital from War Assets Corporation at a price of \$263,700 and that authority be granted to pay the War Assets Corporation the said sum from monies in the estimates of the Indian Health Services Division of the Department of National Health and Welfare for 1946-47 in Vote No. 225.

Approved

Alexander of Tunis.

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